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# COLLECTANEA JACOBI

## IN EIGHT VOLUMES

VOLS. I, II AND III, PEDIATRICS

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VOLS. VI AND VII, IMPORTANT ADDRESSES, BIOGRAPHICAL, AND HISTORICAL PAPERS, ETC.

VOL. VIII, MISCELLANEOUS ARTICLES, AUTHORS' AND COMPLETE TOPICAL INDEX

# DR. JACOBI'S WORKS

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## COLLECTED ESSAYS, ADDRESSES, SCIENTIFIC PAPERS AND MIS- CELLANEOUS WRITINGS

OF

### A. JACOBI

M. D. UNIVERSITY OF BONN (1851); LL. D. UNIVERSITY OF MICHIGAN (1898), COLUMBIA (1900), YALE (1905), HARVARD (1906).  
 Professor of Infantile Pathology and Therapeutics New York Medical College (1860-1864); Clinical Professor of Diseases of Children, New York University Medical College (1865-1869); Clinical Professor of Diseases of Children, College of Physicians and Surgeons, Columbia University (1870-1899); Professor of Diseases of Children in the same (1900); Emeritus Professor of Diseases of Children in the same (1903); Consulting Physician to Bellevue, Mount Sinai, The German, The Woman's Infirmary, Babies', Orthopedic, Minturn and Hackensack Hospitals.  
 Member of the New York Academy of Medicine (1857), Medical Society of the City and County of New York, Medical Society of the State of New York, Deutsche Medizinische Gesellschaft of New York, New York Pathological Society, New York Obstetrical Society, Association of American Physicians, American Pediatric Society, American Climatological Association, Congress of American Physicians and Surgeons, American Medical Association, International Anti-Tuberculosis Association, Association for the Advancement of Science; Associate Fellow of the College of Physicians in Philadelphia, Société de Pédiatrie de Paris, Société d'Obstétrique, de Gynécologie et de Pédiatrie de Paris, American Academy of Arts and Sciences; Foreign Member of the Gesellschaft für Geburtshilfe in Berlin; Corresponding Member Physikalisch-Medizinische Gesellschaft of Würzburg, Gynecological Society of Boston, Obstetrical Society of Philadelphia, Gesellschaft für Innere Medizin und Kinderheilkunde in Wien.  
 Honorary Member Yonkers Medical Association, Louisville Obstetrical Society, Abingdon, Va., Academy of Medicine, Brooklyn Medical Society, Medical Society District of Columbia, New York Obstetrical Society, Medical and Chirurgical Faculty of Maryland, American Laryngological Association, Pediatric Society of St. Petersburg, Pediatric Society of Kiev, Royal Academy of Medicine, Rome, Deutsche Gesellschaft für Kinderheilkunde, Verein für Innere Medizin of Berlin, Royal Society of Medicine of Buda Pesth.

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## IN EIGHT VOLUMES

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EDITED BY WILLIAM J. ROBINSON, M. D.

NEW YORK

1909

MISCELLANEOUS  
ADDRESSES  
AND WRITINGS

BY  
A. JACOBI, M.D., LL.D.

VOL. VIII

EDITED BY WILLIAM J. ROBINSON, M.D.



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## IN RE THE NURSERY AND CHILD'S HOSPITAL

110 WEST 34TH STREET,  
NEW YORK, October, 1870.

*Mrs. R. H. Lemist, Secretary Board of Managers, Nursery  
and Child's Hospital, N. Y.*

MADAM:

I take the liberty of addressing you, and the Board of Lady Managers of the Nursery and Child's Hospital through you, for the first time during my connection with the Institution (as in all probability, it will also be the last time I have the honor of urging my claims on your attention for a short while), the more so as I am the oldest member of your visiting staff, and have been connected with the Nursery for little less than a decade.

During this period I have attended to my duties punctually and to the best of my ability. I have, in so doing, looked neither to the right nor the left, expecting others to take care of their departments, as I did of mine. For a long time I have not known whether I made friends or enemies, taking the first as self-understood and not fearing the latter. At all events, I have not made any personal acquaintances amongst the Lady Managers, except that of your first directress. I believe I know the persons of none of the Lady Managers, and there are many of the ladies who have never seen me. Thus, while not understanding why I should have enemies amongst them, I admit that there is no reason why I should have friends or backers.

As, then, I am not known personally to the ladies, I add a few words with regard to my connection with your Institution. In your annual report of 1862 I was men-

## DR. JACOBI'S WORKS

tioned as a welcome addition to your staff, because of my having given especial attention to the study of the diseases of infancy and childhood. The fact is that the place vacated by Dr. Watts was offered me by the gentlemen of the Medical Board, who were just as willing to receive me as I was eager to accept the place. I have filled it since with the personal profit obtained by every careful observer in any public institution, and with the endeavor to let the Institution profit by my former and simultaneous experience and studies.

As far as I am aware, I am, with the exception of my friend and colleague, Prof. G. T. Elliot, M.D., the only one through whom the Nursery and Child's Hospital has had a chance to appear before the scientific public. I have, while serving the Institution, attempted to let the medical public profit by my opportunities. Occasional articles, by myself and by house physicians, in scientific journals, prove that I was aware of my duties to the profession as well as to the Institution. In the eyes of the profession a gentleman connected with a public institution, and not serving the common cause of study and progress, neglects his opportunity to prove his ability for observation and teaching, and for serving the patients entrusted to his care. Thus, also, all over the world, the public institutions crave clinical instruction as a preference, both managers and patients feeling more confidence in the thoroughness of the medical officers and the completeness of individual observation when the opportunities of teaching are made available. In accordance with this universal custom and want, I have established at your Institution a clinic accessible to the profession and to the students of all the colleges of the city, both male and female, with the result of invariably punctual attendance by the very same persons. I have further given the Institution the benefit of the results of modern science, the attainments of this country and Europe, and have practised what the good men of the profession all over the world admit as valuable, and what I have been teaching, by writing and lecturing, for ten years and more.

Far from seeing anything objectionable in my endeavors

## NURSERY AND CHILD'S HOSPITAL

as stated above, I deserve credit for whatever I have done in that direction, hoping the profession and the students will pardon me for having done no more. Still, I have been told that the clinic has been a very objectionable feature in the judgment of some Lady Managers. I cannot dispute their aversion, their objection; but as it has been stated that I, or we, harmed the children, had "no pity" on them, I assert here, in my name and in that of my audience, that such statements are utterly false. I have been told, further, and on very good authority, that the principal objection to me, on the part of the Lady Managers, was my "practice": the remedies I used, the treatment I resorted to. I was given to understand that the Managers looked with horror on my therapeutics; it was rumored about town—I have proof for what I say—that my treatment killed the children; so that a prominent *savant* and practitioner of the city had to ask if Dr. Jacobi did not place the children on a shelf and shoot at them with pistols.

Those of the ladies who have undertaken to criticise and to condemn the therapeutics of their medical staff must be welcomed to their self-admiration and the smile of educated people. Probably they belong to the small number of those to whom I had occasion to repeatedly speak of the impropriety of distributing crackers and candies in wards crowded with babies and children, sick and well, at improper times, and without direction or advice. If the ladies will allow of any remark, it is this, that those who are so very prone to assume duties not their own and not within their grasp, generally neglect their own. Knowledge renders modest and steady industry honest. Ignorance renders presumptuous and spasmodic activity fickle and restless. If those ladies meant to criticise, they might have asked the opinion of their own medical advisers concerning my competency. They might have learned that the members of the Medical Board of the Nursery are, so far as pathology and therapeutics go, in all probability the superiors of some of the Lady Managers who collect ten-dollar contributions, attend a few monthly meetings, and sell ball tickets once a year.

## DR. JACOBI'S WORKS

Your Medical Board can afford to dismiss the cavilling at our therapeutics with a smile, but I have to direct the attention of your Board to a remark which has been repeatedly made in my hearing, that many of the Lady Managers are "homœopathically inclined" and that I was simply the first to be got rid of. As this is my last word to the Board of Lady Managers, I give the report for what it is worth.

In a clinical lecture delivered on January 15th, 1870, 2:15 P.M., I took occasion to speak of a number of affections frequently found in public institutions such as ours. I stated that diseases were apt to run a more unfavorable course in crowded houses, and in public institutions generally, than in private residences; that diseases of infants in particular were greatly influenced by such places; that lying-in hospitals were the principal breeders of dangerous maladies; that we had been seeing a great many cases of puerperal sickness this winter, that, in fact, almost none of the women confined in the house had escaped sickness; that many of them had been in imminent danger of dying of endometritis and blood poisoning, but that every one of them had been saved by disinfectant treatment; that we owed this happy result, to a great extent, to the indefatigable exertions of the assistant, Dr. Kitchen, and the uterine injections made by him. That a frequent disease amongst infants in lying-in hospitals was erysipelas; that, in fact, many cases of this disease had to be considered as of puerperal origin; and that it was a remarkable fact that all of our cases of erysipelas in infants had occurred in the new and large house, containing the lying-in wards, in spite of better ventilation, etc., while not a single one (except one transferred from that side) occurred in the old house, which was, as I expressed myself, an "abomination" from a sanitary point of view.

That the old house is the very worst refuge for infants, well or sick, is well known to every one of your medical staff, to everybody, in fact, who visited it with anything like attention.

The remarks I made were not at all destined to be kept secret; they are scientific facts which students ought to

## NURSERY AND CHILD'S HOSPITAL

learn and physicians to know, and managers to take into consideration. They were stated *sine ira et studio*, without shrinking and without my ever expecting them to give rise to any commotion.

During the following week I received a number of intimations that my lecture had been overheard—every door being open—and reported to higher quarters, and that a great deal of discomfort or discontent had been the result. In fact, it was then already intimated to me that the Lady Managers were absolutely dissatisfied with me and would try everything in their power to get rid of me. On January 20th the house physician handed me a letter directed to me, which reads as follows:

“ JANUARY, 20TH.

“ *To the Attending Physicians:*

“ The Managers of the Nursery request that no operation be performed without a consultation with the Board of Physicians.

“ MARY A. DU BOIS.

“ *First Directress.*”

Written at such a time as this, I could not but suppose that a personal feeling against me individually had dictated it. Very few, and no important, operations had, to my knowledge, ever been made except by me; in fact, there was seldom a term of duty of mine without an operation. They seldom took place without the knowledge of my colleagues, and usually after formal consultations. Previous to the time of which I speak there was a little girl in the institution afflicted with hip disease in the third stage, and at the same time with chronic dysentery. The former was fatal in itself unless the diseased bones were excised; but I had to wait for an improvement in the second disease. The little girl, however, grew feebler, and in order to give her the slight chances she might have to escape certain death, I performed the operation. A fortnight afterward she died of exhaustion. This case had often been seen by some of my colleagues and been the subject of our conversation, but I had omitted to call a formal consultation.

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The above short letter was written a few days after the lecture alluded to. My answer follows below. I may state, at the same time, that in that very week an infant was presented for admission. It was in good health, but had congenital club-foot. When Dr. O'Connor, then house physician, stated that this ailment was no objection to its admission, because "Dr. Jacobi could very easily do that"—the infant was instantly refused admission. My letter was directed to the house physician, by whom Mrs. Du Bois' letter was handed to me, and reads as follows:

DEAR DOCTOR:—I herewith return the enclosed letter, and cannot do anything in the matter. Neither the Lady Managers nor myself can with a stroke of the pen change the rules of the Institution. Medical matters belong to the Medical Board. Thus this letter ought to be addressed to the Medical Board, if at all. I confess, though, that the Lady Managers have conferred a great honor upon me by addressing their letter to me personally. But you perceive at once that, although I am the oldest member of the attending staff, I cannot impose any duties upon my colleagues or change the laws and rules of the Institution. Please to return the letter to the Lady Managers, with my regards and thanks for their kind favor, or place it at their disposal.

They will probably think of sending it to the secretary of the Board, for the consideration of the Board.

Yours very truly,

DR. A. JACOBI.

On January 22d, before my lecture at the Nursery, Dr. Delafield, the President of the Medical Board, called on me, at my residence, with the following statement: The ladies were highly displeased with me. They had been so for a long time, but at present they had very serious accusations against me. It was his duty to ask me about such accusations as the following:

1. I had struck an inmate, a woman, in the Institution.
2. I had performed operations without consultation.
3. I had publicly spoken disparagingly and untrue of the Institution.

## NURSERY AND CHILD'S HOSPITAL

4. I had ordered reporters for that afternoon's lecture to take down such remarks as I should utter to the discredit of the Institution, for the secular press.

My answer was that—

No. 1 was an unmitigated falsehood.

No. 2, I should be guided by the directions of the Medical Board.

No. 3 was untrue. I told Dr. Delafield what I had stated in my previous lecture.

No. 4 was an invention of somebody, but I had been told by the house physician that Mrs. Du Bois, the directress of the Institution, had spoken of engaging reporters for my next lecture, for the purpose of learning literally what I should say, and that I should have no objection to such a proceeding of hers, because it was evident that she had nothing against me but misconstrued or malicious reports.

At the same time I communicated to the doctor the fact that, to my certain knowledge, a few of the ladies, particularly Mrs. Du Bois, and a few others, unknown to me personally, who were pointed out as my special enemies, went about amongst the inmates of the Institution inquiring of the women what complaints, accusations, etc., they had to express against Dr. Jacobi.

I also communicated to the doctor the fact that Mrs. Du Bois, the first directress, had been very anxious to learn the reasons of my resignation of the chair of diseases of children in the University the previous year, and whether that resignation had not been compulsory, etc.

All these communications of mine appeared to surprise the President of the Medical Board. But the remarks he made concerning the proceeding of the ladies I omit to repeat, as not absolutely necessary to the elucidation of the further history.

That very afternoon, while I was lecturing, Mrs. Du Bois and two other Lady Managers appeared on the gallery of the school room in which my audience was assembled. After I had finished I related the above facts, and repeated my remarks of last week. On my questioning the audience, in presence of the ladies seated on the

## DR. JACOBI'S WORKS

gallery, whether these, and these alone, were my remarks of last week, the ladies and gentlemen answered affirmatively and emphatically that they were.

---

A few minutes before the meeting of the Medical Board, held at the residence of the President of the Board, on the 31st of January, 1870, the president, Dr. Delafield, showed me the following letter:

DR. J. J. HULL, *Secretary of Board of Physicians of Nursery and Child's Hospital.*

At a meeting of the Board of Managers of Nursery and Child's Hospital, held at the Institution, January 27th, 1870, the following resolution was passed:

"In the judgment of those who have the welfare of the Institution at heart, it would be expedient to make a change in the Medical Board. Therefore the Board of Physicians are respectfully requested to make such arrangements as to carry out the unanimous desire of the ladies, that the position now occupied by Dr. Jacobi shall be vacated, and filled by the Medical Board at the time of the annual meeting."

By order of the Board of Managers of Nursery and Child's Hospital,

R. H. LEMIST, *Secretary.*

NEW YORK, January 28th, 1870.

Dr. Delafield asked me if I should not prefer to resign, as the enmity of the ladies was uncontrollable; that it was true they could not remove me with the present constitution of the Nursery and Child's Hospital, but that they had the power of altering the constitution; that, if I refused to resign, they would certainly alter that constitution, and, after so doing, in appointing a medical staff would surely drop me. If I meant to resign, he would not lay the letter before the Board at all.

My answer was: That the letter was to be presented to the Medical Board. That I wanted the Board to take

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notice of the fact that not a single reason was given by the ladies for their desire to dispose of me in that summary manner in remuneration of my services of eight years, nor for the accusations and slanders spread amongst the public by members of the Board. That I should not resign, in order to compel the Lady Managers to come forward with their accusations so that I could meet them face to face, and that I could not but consider this proceeding as unjustifiably wrong and childish: first, in trying to harm and punish me without stating a cause; second, in having such a low opinion of the Medical Board as to express such a request without giving any reason for it. Finally, that I was not in the habit of getting frightened at ill will, malice, and wanton persecution.

The letter was therefore read to the Medical Board, and it was resolved, on motion of Dr. Reynolds:

"That the Lady Managers of the Nursery and Child's Hospital be respectfully requested to transmit to the Medical Board any accusations they may have against Dr. Jacobi, as they would be unable to take any action in the premises until such accusations were made."

This resolution was carried; but afterward, with my approval, replaced by the following:

"That the secretary be requested to notify the Board of Managers that Dr. Elliot was appointed a committee of conference in the matter, and that they are respectfully requested to notify Dr. Elliot where he could meet with a committee of the Board of Managers."

In the opinion of the other members of the Medical Board, Dr. Elliot was to see the ladies, or a committee of them, for the purpose of inquiry and conciliation. As I was the implicated party, I did not object to whatever course my colleagues saw fit to take; under other circumstances, in the interest of a colleague and the dignity of the Medical Board, I should have acted differently. I should have answered that letter differently. I should have answered that letter of the Board of Managers in this spirit: that it was unfair to be plaintiff and judge in one person, to condemn and punish without stating the offence, or without giving the accused party a chance to

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justify himself; that therefore the manner in which some of the ladies meant to deal with a member of the medical staff, who had served them eight years punctually, successfully, and gratuitously, was, at least, inconsiderate and ungrateful; that the letter addressed to the Medical Board, requesting removal without cause, was an insult, and that the dignity of the Board would not allow one of their members to be so treated; and that the threat to change the constitution and appoint the Medical Board from year to year was an insult to which no respectable physician would submit.

Thus I should have answered if I could have been anything but a passive listener; the more so as all those facts enumerated above were before me and my colleagues. But there were more. About that very time it got known that some of the ladies were very busy about town spreading reports which they meant to be damaging to my reputation as a physician and a gentleman. Mrs. L. said my treatment was an outrage; others stated that I beat the women or one woman; others, I blasphemed Providence; others, I used low and coarse language, which I will not state here, but which, I am told, was frequently repeated by the "ladies."

At the same time let me state that all my endeavors to get at the cause of the trouble, at direct accusations, were always baffled by silence. My colleagues, as well as myself, tried to get some positive answer to our inquiries. The answer was always that my guilt was positive, but that out of kindness, and out of regard to my feelings, they preferred to keep silent, at least to us, while the public was entertained with the raciest remarks of these "ladies." I am almost sorry they had selected a *gentleman* as the subject of their persecution. As it was, I heard a great many things and took the necessary notes; but when I stated I should make the necessary use of the communications, I was advised that I must not, as they had been confidential. Thus I have, until the present time, been deprived even of the protection the law gives against malicious slander. I should have desired those ladies to attempt to verify the vile remarks peddled about town, and at the same time com-

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pelled them, before a court of justice, to swear to the manner in which they obtained their information, going about the wards of the Nursery to coax smutty stories out of women with whom, if it were not for the purpose of vilifying a hated member of the staff, they would have disdained to have been found in any intimate connection, and to make them testify that they did not, perhaps, as much as know me personally. As matters stood I was condemned to silence.

The only person connected with the Institution who has at one time given me a straightforward answer to my inquiries has been Mrs. Polman. I give her credit for that much, the more readily as I cannot say anything else in her favor. I believe her the wrong person in her place. She has done the Institution a great deal of harm by meddling with other people's business, by interfering with the physicians, countermanding orders, making diagnoses in the wards, calling an attending physician a "youngster" publicly, exerting an undue influence over the managers, by doing as much as she could to render the Institution unpopular. Mrs. Polman has admitted to me that there was a report that I struck a woman. Finally the testimony was that "Dr. Jacobi was so excited he *almost* struck her." The woman alluded to had a child suffering from croup. To give the baby what little chance of life there might be, I proposed tracheotomy and was refused. I urged strenuously and was refused. "Dr. Jacobi got so excited he *almost* struck her." I ask the ladies, have they seen a child getting strangled with membranous croup, and can they understand the "excitement" of a physician who is refused the only possibility of saving its life? I hope and trust they can.

Or do you find it so outrageous that I said to the house physician, "You see, doctor, how easy it is to have children and how difficult to save one!"

And *must* I repeat here, in the hearing of ladies who have not forgotten to blush, what some of the Board of Managers and the matron of the Nursery have stated more than once? The woman said: "I do not want my child killed by an operation."

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The doctor said. "Never you mind; you can . . ."

I beg the pardon of the Lady Secretary to whom I have to make this statement, and those ladies also who never heard it and never repeated it.

Another person, under similar circumstances, did not consent to the operation which was held out to her as the last possible chance for her baby, for the alleged reason that "its father did not do anything for the child, took no trouble—why should she? She would rather see it in the hands of Providence." Must I tell the ladies of the bewilderment and anger of the physician who comes in contact with such brutality? But it was the doctor who "blasphemed Providence."

And surely it was not worth while to inquire into the truthfulness of malicious inventions. They were a commodious handle to the whip to be applied. Mrs. P., and Mrs. D., and the highly Christian-like Mrs. A., whom I have never seen, but who is described as my indefatigable *persecutrix*, wanted to get rid of me, that is all.

"Regard for Dr. Jacobi's feelings" and "kindness" were the causes why slander went about town and I was refused an honest answer to my questions.

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Permit me, please, to continue my narrative.

The remarks made by members of the Medical Board, and by members of the profession who got informed of the facts, were not very complimentary to the ladies. As far as the Board was concerned, I should have liked to hear a public spoken word instead of "confidential" remarks. With some of these I could not agree, for I so little believe in differences of color, country, or sex, as the measurements of rights or abilities, as to have sacrificed a part of my life in the interest of my principles.

Therefore I could not agree with those who declared they would "not serve under a board of women," etc., that "women would not be guided by the merits of a case, nor by facts, but by their momentary and personal feelings," etc. If the Board of Managers had been men, I should

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certainly not have acted differently from what I did; although I admit that a body of men would be likely to try a case before judging it, and certainly not be influenced blindly by the insinuation of a subordinate or the passion of a director, wilful and not used to any resistance whatsoever.

I had been told that if I refused to resign, the *modus operandi* of the ladies would be to change that article of the constitution which empowers the Medical Board to attend to their own business, fill vacancies, etc. It was stated they would change that article so as to reduce the time of service of the attending physicians *to one year*, and to get enabled, if desirable, to change their medical attendants *ad libitum*.

I felt that no respectable physician would crave a place on such conditions, and the Institution would not be able to ever get anybody but a sycophant or an ignoramus on such terms; but I knew that the first step in this direction would be made against, and its influence fall upon, my colleagues, for the admission of every one of whom I had voted in the course of half a dozen years, and with whom I was on the terms of good-fellowship. Thus, after considering the matter for a little while, and partly influenced by conversations with one or two of my colleagues, or by friends urging such a course, I authorized Dr. Hall to make a statement to the ladies, which is set forth in the minutes of the meeting of the Medical Board, held at the residence of Dr. Delafield, on March 31st, 1870: "In the absence of Dr. Elliot, the special committee in the affair between Dr. Jacobi and the Board of Managers, Dr. Hull reported that the trouble has been satisfactorily settled by the promise of Dr. Jacobi to send in his resignation as attending physician some time in the course of the year, the Lady Managers dropping the whole matter. He had notified Dr. Elliot of the fact, and it was accepted by him."

In giving and after having given that promise, I felt serious misgivings, I confess. I knew that the Lady Managers who were strangers to the whole outrage of spreading calumnies, of refusing to state an offence, of coaxing

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suggested accusations out of the low women in the Institution, of repeating stories invented by a foul imagination and uttered by foul mouths, and those in the public who had been regaled with the *piquant* reports, would be apt to believe that these reports were correct. There is many a member of the profession, mainly those who do not know me, who might believe me ungentlemanly, being under the impression that their informants were either gentlemen or ladies. But my disgust with the whole proceeding was such that I felt as if I could not but lose by keeping up my connection with the Institution, and with those who made it their business to traduce me. Moreover, I felt that my giving way under the pressure of the threat of a change in the constitution would give the Lady Managers, or a few ring-leaders, just the very power which I thought they ought not to possess, if the position of their attending staff was to remain anything like honorable. Further, I felt as if the Medical Board might have upheld my claims to hear the accusations, learn facts, correct mistakes, refute slanders, and convince the slanderers of their guilt before their colleagues in the Board. More, I was slighted by a colleague, a few days after the storm against me broke out, by not being notified of a consultation to be held at the Institution. I felt offended, naturally, but the excuse tendered by the gentleman publicly has long removed my doubt as to the constant friendliness, if not manliness, of his conduct toward me.

Still, I had given the promise, and meant to keep it.

When I did give it I expressed the hope that, if in a number of months I should inquire for the cause of all the persecution let loose against me, after the ladies who were drawn unwillingly into it would have reconsidered their course, an answer would be given.

Unfortunately, I had no right to inquire of any of the ladies but the first directress, whom I suspected, and still suspect, to be the chief originator under and with Mrs. Polman and one or two others of the whole proceedings. Mrs. Polman had made such statements to me as she thought proper, and Mrs. Du Bois, I hoped, would not refuse an answer, if I waited long enough to give her time

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for deliberation. Accordingly, after a number of months I sent to her address the following letter:

110 WEST 34TH STREET, NEW YORK,  
September 10th, 1870.

*Mrs. A. Du Bois, Directress Nursery and Child's Hospital.*

DEAR MADAM:

I feel obliged, and therefore take the liberty to again allude in a few lines to the unpleasant occurrences of last winter. I have long ago been acquainted with my unpopularity amongst some of the Lady Managers of your Institution, yourself included, although its interests have always been as dear to me as to any member of your medical staff. Still, I do not feel as if I should like to leave the Institution without some palpable reason being assigned for your desire to have my connection with the Nursery severed.

The request of the Board of Managers to remove Dr. Jacobi was not accompanied with any statements of the reasons for such request, and therefore gave rise to a painful surprise amongst all of us who were present at the meeting of the Medical Board.

You are aware that I have declared myself very willing to satisfy your earnest desires that I should vacate my position as a member of your medical staff at a suitable time. However, I owe it to myself at present, when I think that a number of months may have healed any sore feeling some few of the Lady Managers may harbor against me, to inquire which have been the actual reasons why such an unprecedented request should have been sent to the Medical Board. As none were stated, as they were, in fact, diligently withheld or refused, as, moreover, this remarkable proceeding was instituted against a member of the profession whom even a yearly report of the managers was glad to count amongst its Medical Board, I think I have good cause now to inquire after some explanation of the remarkable manner, unheard of in any public institution, by which I was to be forced to leave the Nursery.

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I prefer this direct injury to subterfuges and clandestine machinations.

I do not hesitate to presume that you will honor this request of mine with just such a direct and straightforward answer.

Yours very respectfully,

A. JACOBI, M.D.

The answer I received read as follows:

WEST NEW BRIGHTON, L. I.,  
September 15th, 1870.

DEAR SIR:

I received your note last evening. A fair for the benefit of our church at present occupies every moment. I will reply to your letter in a friendly and "straightforward" manner if you will consider it a confidential communication, otherwise I must make your note an official one and lay it before our Board at its next meeting. I much prefer the former course from motives of kindness and regard to your feelings.

Please let me hear from you on receipt of this.

Yours truly,

MARY A. DU BOIS,  
West New Brighton.

*A. Jacobi, M.D.*

Let us consider.

After I have served eight years, a request is sent to the Board of Physicians to vacate my place. No reasons are given.

The question after such reasons is asked by me. No answer.

The Medical Board asks for reasons. No answer.

The only answer is, that no answer will be forthcoming out of regard for Dr. Jacobi, out of kind feeling for Dr. Jacobi, the same Dr. Jacobi who is so very anxious to hear the points of accusation.

Meanwhile slander is rife, whisper is busy. Calumnies, such as Mrs. Polman communicated to me, based on inven-

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tions and the high pressure exercised upon the females in the Institution, who feel greatly exalted at the inquisitive friendliness and the coaxing suavity of their lady superiors; accusations such as in every court of justice would be acknowledged as libel, are carried about town. The only one who is not allowed to hear them, unless "confidentially," is myself.

I wait patiently all summer. I ask again in a polite manner for information.

Again the answer is from the directress of the Institution in and against which I have been reported as sinning, that she will speak out confidentially. If I do not promise to consider the communication as confidential—that is, if I do not promise to pocket every insult she will pour down upon me, in silence and without defence—she will not speak, but lay my request before the Board.

Now I ask the Board of Ladies: *Did they ever learn I wanted to know the accusations raised against me? Were they ever told that I was constantly refused an answer?*

I have no dealings with Mrs. Du Bois personally. I do not require her regards nor her kind feelings. I want justice to myself, and the Board of Ladies who, to judge from the words of the last letter of Mrs. Du Bois, have never known what was going on. I have applied to Mrs. Du Bois because I knew of no better way to apply to the Board. If Mrs. Du Bois promises or threatens to lay my letter before the Board, for an answer to be given, it is just what I have been waiting for all the time. I believe I know now *that Mrs. Du Bois and a few of her colleagues have acted without the knowledge, and therefore without the approval, of the Board in the whole matter.*

If such is the case, you have another proof of the danger of absence of control, the curse of monarchy, and the blessing in spite of many inconveniences, of rotation in office. I do not desire any of Mrs. Du Bois' confidence. She has, in her letter, promised to lay the matter before the Board, and I shall insist upon its being done. And the ladies will pardon me for giving them the trouble of attending to a business which, it appears, a few have

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taken the liberty of deciding in their own way. But I owe it to myself to say that I cannot feel satisfied with another attempt, like that in Mrs. Du Bois' letter, at waiving a direct answer, and that I take that very letter, that very offer of her confidence and kind regard for my feelings, as just as many insults. In order not to be misunderstood again, and to give the ladies a chance to fully speak their minds, and, if they choose, to let me hear what they have to say, and this time not "confidentially," I take back my promise given in good faith, but shaken by Mrs. Du Bois' evading letter, my promise to send in my resignation in the course of this year.

Any conclusion the ladies will arrive at, after mature deliberation, will be welcome to me.

I shall see that every Lady Manager will be supplied with a copy of this letter. I shall also make it known to every one of my colleagues in the Institution. Further it will not go, unless I am compelled to give it further publicity.

Let the ladies not believe that I think for a moment of the possibility of my continuing any connection with the Institution. That is out of the question. But I want no more secrecy, subterfuge, or machination. I want to see the enemy who meant to stab me from the dark.

Afterward, when my place will be vacated by some means or other, the question of *its* being filled again can easily be settled. Long before my resignation could be expected, Mrs. Du Bois has stated, as early as half a year ago, that a great many applications for my place had come in, and that a certain medical man had a large number of recommendations for that purpose.

It appears that the honorable silence which was to be kept about the matter has not been well preserved. At all events, I have good reason to consider such action as bad faith. I make use of the strong expression knowingly and intentionally, desiring from all my heart, in the interest of the Institution, that it were not necessary that a stronger term should be applied to some of the actions of the same functionary.

I shall return to that subject.

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Meanwhile I beg the ladies to follow me through some statistics.

By authority and order of the Commissioners of Charities and Correction, I have written "a report on the raising and education of abandoned children in Europe, with statistics and general remarks on that subject." It has been published in the minutes of the Commissioners, and republished in pamphlet form for limited circulation amongst medical men and journals, and some of the managers or trustees of a few public institutions. On page 35 I speak of the Nursery and Child's Hospital as follows:

"The *Nursery and Child's Hospital*, New York, under the management of thirty-five estimable ladies of the city, in which the infants are fed half on breast milk, half on well-selected artificial food, a mixture so frequently and advantageously used in private families, exhibits in the latest records the following facts. I take the liberty of adding at once that I make use of limited statistics only, because up to March, 1870, the records have not been well kept. Since that period they have been kept regularly, as I, being one of the medical staff of the Institution, know from personal experience. There have been from March 2 to May 31st 97 admissions; of them 20 were discharged and 10 died.

"The admitted nurslings were by no means newborn; in fact, very few belong to that category. Eighty of these admitted children had a total age of three hundred and sixty-seven months, averaging 4.5 months for each child at the date of admission. Seventeen of the admitted children were two years and over, up to ten; altogether there is a total number of eighty-four years for 17 children over two years, that is, an average age of five years. Of these 17, being of an age where the rates of mortality are always low, none died. Thus we have 10 deaths in 80 infants with an average age of 4.5 months at the date of admission, within a single quarter of a year. Further, of these 80 infants (from two days to two years old) admitted during these ninety days, 20 were discharged. The shortest stay was one day, the longest sixty-eight days.

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The total days of these infants in the Institution was three hundred and twenty-four days for 20 inmates—that is, discharges took place, or were taken, in 20 cases out of 80, after an average stay of 16.2 days in the Nursery. Thus there are 10 deaths in 60 children of an average age of 4.5 months at the date of admission, within the three months following their admission. The average age is a little higher, because most of the infants who were discharged were very young and have been counted in the grand total of ages. Now, if we grant that March and one-half of April are unfavorable months, we have to admit that May is favorable to health, that the winter months from December to February are just as untoward as March, and that the heated term of summer is surely still more dangerous. Thus we may safely assume that the rate of general yearly mortality in the Nursery is certainly about the same as in the mentioned quarter of March, April, and May; therefore the mortality through the year would amount to 40 out of the number of 60; or, if we mean to count the infants that got their discharges after sixteen days' stay in the Institution, out of 80 children who were admitted at an average age of 4.5 months. I prefer this latter figure for the following reasons of both justice and charity. The 50 children remaining, having grown a quarter of a year older meanwhile, would in the second, third and fourth quarters exhibit a smaller rate of mortality, while those newly admitted would yield the very same mortality we figured above. Thus we can afford to count those 20 discharged ones with the rest. If in the future the records will be kept as fairly as in the last few months, we shall have facts instead of estimates.

"Now, then, there are 10 deaths quarterly in 80 children, each one 4.5 months old at the date of admission. Grand total of 50 per cent, of deaths yearly of children of 4.5 months and upwards to two years.

"The mortality of the infants born alive, from the date of birth to the fifth month, is larger than that of infants between that age and two years. Of 3 infants who die before the termination of their first year, 2 are less than five months old, and 1 is between five and twelve; and of 31 who die before the end of their second year, 26

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have not reached the end of the first, and but 5 die between their first and second year. Thus, of the above 50 per cent, 8 would belong to the second year, 42 to the first; and it appears that the mortality of the Nursery, if all of the admitted infants were newborn instead of being 4.5 months, would be so appalling that I am glad I am not required to state its exact figures. The worst figures of the European foundling hells of former centuries are not more fearful than ours; and although being an officer of that Institution myself, and believing that I and all the rest of us have conscientiously tried to do our duties, I cannot but testify and bow down to the truth that, in spite of all the efforts of the medical staff and the painstaking of kind-hearted and self-sacrificing ladies, the probability of the lives of children entrusted to a public institution is very slim indeed. The younger the children, and the larger the institution, the surer is death. Every story added to an edifice which is meant to be a temple of love is an additional hecatomb of the innocents. Modern civilization, planning for the best, but mistaken about the means, has succeeded in out-heroding Herod.

"The facts are sufficient to justify the abrogation of large institutions designed for the raising of young infants. The facts appear to show, besides, that older children (not a single death occurring in 17 of an average age of five years) bear up easily under the same circumstances that are a source of death to the infants.

"In the same Institution—viz., the Nursery and Child's Hospital—there were 41 births from the first day of January to the last of May. Of the infants, 4 were still-born, 6 died, 23 were discharged, 8 remained in the Institution to first of July. Those remaining in the Institution have all been born in April and May, with a single exception; every one born previous to March 31st having left the Institution or died. The 23 discharged infants were in the Institution six hundred and nine days, each averaging 6.5 days. Those who were born and died in the Institution lived altogether two hundred and seventy-four days, an average life of 45.6 days in the Institution. Those 8 who remained in the Institution on July 1st had lived, *in toto*, three hundred and forty days, an average of 40.25

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for each of the 8. Thus their average ages were not yet the average age at which those 6 died, nor were the ages of the discharged 23 much more than one-half of the average ages of those who died. The naked fact is that of 37 infants, counting the discharged and the remaining, 6 died. After the last of these, who died on May 11th, 7 were born; thus, in reality, the 6 deaths occurred in 30 inmates, the large majority of whom were discharged before the average age of the deaths of those who perished. That is a death rate of at least 20, of children born alive, in the course of four and a half months. Many of the newborn infants were nursed by their mothers, at least for some time; when difficulties arise, they are, as a rule, more readily removed in an institution, where there is always some supply of breast milk, than in private families.

"Now, if I add the fact that the women are well kept, the food is good and plenty, medical attendance is efficient, and the whole Institution is under the assiduous management of thirty-five ladies belonging to the best society of New York City, I believe I am justified in concluding that a large institution is the very place a young infant ought to be kept out of. For the poor tenements of our working classes yield better results in their raising of infants than the large institutions the city might be proud of."

From the tenor of the above extract the ladies will perceive that I knew how to disregard the personal insults heaped upon me. The appalling figures I have recapitulated for you will show what I meant to prove, after having studied an immense literature and spent some months in Europe for no other purpose than to investigate the methods of raising healthy infants—viz., that large institutions will destroy instead of saving infant life. At the same time I have been very careful not to allude to the personalities, insults, and persecutions to which I have been exposed, and have certainly given no less credit to the ladies. I believe I have given more than they deserve. For their results are fearful. My favorable expressions have ever been repeated in medical journals, and there has been some danger of considering the managers of the

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Nursery as paragon managers from the very manner in which I have expressed myself concerning their work.

Before going on, I direct the attention of the ladies to an important fact. The desire of doing good, and to have one's doings fully appreciated, is apt to lead to self-love and self-admiration. Moreover, we are apt to believe what we wish. Thus the results of public institutions are generally over-estimated by the leaders and their immediate subordinates. It is so on a large scale in great political organizations, on a small scale in little commonwealths or in small institutions. The annual reports of your Institution are an excellent example. Look at your last report, of March 1st, 1870:

"The whole number of cases of disease treated within the Hospital, from March 1st, 1869, to March 1st, 1870, has been 2,000, not including infants suffering from those slight ailments which last but a day or two. Of this number, 170 have died, 1,700 recovered, and 87 remain now under treatment."

The same report states that within that same year 371 children were in the Institution. As there were "2,000 cases of disease, not including slight ailments which last but a day or two," every child in the Institution must have suffered from 5 severe diseases during the year. Almost none of the children is admitted in ill-health. If you will take the trouble of looking over the record of admissions, and the affections, if any there are, with which the infants are brought in, you will find a few cases of sore head, sore mouth, sore eyelids, and nothing else.

But 2 sick children were admitted all summer, 1 of whom died. All of those are ailments of which no child is apt to die. What is left, then, ought to conclude that either that statement is greatly exaggerated—that is, not true—or that the Institution is such as to give a healthy child 5 severe diseases annually, just to prove the efficiency of the management and of the doctors.

The facts, ladies, are just the reverse of the above statement. Medical men like to overdraw the picture of their efficiency sometimes as much as managers. If the ladies will look over the register of "2,000 disease" which are

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"not slight ailments," they will find many, many hundreds of nothings filling the pages of the books. There are mustard plasters by the score, every one a great case; and constipation, with the remarkable soap and water injection treatment by the hundreds. A mother who will give her baby an injection once a day for three months, as many a one will do without thinking that she has just performed a wonderful feat worth recording officially and printing in an annual report, cures 91 such diseases as we have on our Nursery registers.

But there is the sad fact staring you in the face that you have admitted 371 children and have buried 173. If you look close you will find besides that amongst these 173 there are very few which belong to the results of the 100 confinements that have taken place in the same year. These are figures, and they do not exaggerate, flatter, or lie. If you will look over the records and see how many of the 371 are over two or three years—a period of lower mortality—you will admit that your mortality amongst the children under two years is nothing you will ever be proud of. And you will no longer believe that "the mortality of the Nursery and Child's Hospital has been surprisingly small," and perhaps be unwilling to assume the responsibility of the sentence: "which pleasing fact is due to the general good management and excellent diet of the children" (v. Rep, 1870, page 14).

Again I refer the ladies to the books.

There are from March 1st to October 13th, 204 admissions and 82 deaths. Of these I deduct 10 who had been born in the Institution, but add 16 who died in the Country Hospital at Staten Island. Total, 204 admissions and 88 deaths in the Nursery and Child's Hospital from March 1st to the middle of October. This mortality inside the Institution is the more fearful, as, out of 101 admissions between June 1st and October 1st, 29 were from two to thirteen years old, while the average age of those 101 admissions was more than twenty months, and as a great many infants are removed from the Institution before they succumb under the "good management and careful diet" of the report. Thus of the 101 ad-

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mitted, 27 were removed after they had been in the Institution an average time of but 20.4 days, leaving behind them but 74 of the 101, one-third of whom were over two years of age and beyond the principal ravages of fatal disease. There are from June 1st to September 30th 33 deaths on the records—the Staten Island cases not included. Twenty-seven children were discharged and 29 admitted at the age of from two to thirteen years. Thus you have 49 deaths—*i. e.*, about as many as children under two years had been admitted.

Let me add another fact, which occurred after my term of service, and after the lecture of January, 1870, above alluded to. From January to July, 1870, there were 75 confinements in the Institution, and from February to July there were 6 deaths amongst the confined women. Again no special reason for self-congratulation.

In connection with these facts I feel compelled to attend to a very painful duty. For the information of those ladies who are not well acquainted with the workings of the Nursery and Child's Hospital, I shall first state that during the course of last summer it was ordered that the house physician should no longer prepare the monthly reports for the meetings of the Lady Managers, but that the attending physician was to be entrusted with that duty.

This arrangement is anomalous in itself.

The only person who can attend to that duty is in reality the house physician, who is in possession of the records, and much better posted than any attending physician on the affairs of the Institution.

But it so happened that unpleasant occurrences took place between the several house physicians on one side and the matron and directress on the other; and I admit that it is not always agreeable to hear the truth at unpleasant times and before the whole audience of Lady Managers. In no public institution is the attending physician the author of the monthly report. He has to rely, if he undertakes to make it, on the statements and records of his house staff.

The first monthly report under the new rule, the at-

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tending physician not objecting, was sent in by Dr. Hull. It so happened that Dr. J. J. Hull, as most of the Lady Managers may know, is a son-in-law of Mrs. Du Bois, your first directress. I further understand that Dr. Delafield, the President of the Medical Board, is the brother of your directress. Dr. Hull's report was read before the Board of Managers, September 29th, 1870, duly appreciated, I have been told, and greatly eulogized, and Mrs. Du Bois declared it ought to be published.

It was published in the New York *Evening Express*, and reads as follows, with the accompanying editorial (?) remarks:

"LADIES—I have the honor to submit the following as my report of service during the months of August and September, 1870:

Number of new cases since August 1st.....	238
"    of births .....	15
"    of deaths .....	5
Children under medical treatment September 29th, 1870 .....	107
The cause of deaths have been:	
Pneumonia .....	1
Pneumonia and diarrhœa .....	1
Collapse of lung .....	1
Entero-colitis .....	1
Cholera infantum .....	1
<hr/>	
Total . . . . .	5

"There have been a few cases of scarlet fever, but they have been of a mild type and have made satisfactory recoveries.

"It is extremely gratifying to observe how very small the mortality has been during the months mentioned—indeed, during the entire summer. This is in a measure due to the great assistance we have had from the Country Hospital, to which we have been able to send many of the more delicate children, an inestimable advantage in such a severe summer as we have passed through. Much,

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however, has also been due to the excellent and improved condition of the city buildings, and to the assiduous attentions of the house staff.

"Very respectfully,

"J. J. HULL,

*"Attending Physician."*

"NEW YORK, Sept. 29th, 1870.

"We have read this report with equal surprise and pleasure, for the general complaints throughout the summer of infant mortality among the rich and prosperous led us to suppose that in an Institution almost entirely of infants, and many taken in when apparently dying, the mortality must have been fearful. But we have observed that every year the experience and zeal of the managers and physicians of the Nursery and Child's Hospital have materially diminished infant mortality. The success of the Country Hospital, on Staten Island, is assured, and we congratulate those interested in it and wish them God-speed. The saving of infant life through human agency, under Providence, has indeed been wonderful."

The ladies will perceive at once that the "238 new cases" of the report are of the soap-and-water, mustard-plaster, and castor-oil kind, to which allusion has been made above. All the figures are the house physician's; the accompanying theory, "which ought to be published," is Dr. J. J. Hull's. He says the mortality was small during the entire summer, which is extremely gratifying to observe (from the above figures, certainly). This small mortality is due "to the inestimable advantage proffered by the Country Hospital, to which many of the most delicate children were sent; second, to the improved condition of the city buildings" (when I stated they were deficient, I committed a crime punishable with expulsion); "and third, to the assiduous attentions of the house staff" (whose services are so highly appreciated by the first directress that these gentlemen cannot be trusted any further with writing their monthly reports).

The ladies will certainly believe me when I say that I do not look for occasions to say disagreeable things and

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for making enemies. I do not fear having enemies—no good man is without them, and it is derogatory to a man's character and dignity to be without. But still the world is too small for any man to make enemies unnecessarily, although larger and brighter for him who earns enmity for his endeavors to do right than for him who is wrong and found out to be so. My relations with Dr. J. J. Hull have been pleasant enough; with a pitying sympathy, therefore, I declare before those ladies who have taken Dr. Hull's statements as truth that they are invented for the purposes of being published. Dr. Hull knew that sixteen children died in Staten Island, and concealed the fact from you. That he did so under pressure is clear enough to the mind of whosoever knows anything of the history of the Staten Island Country Hospital, to which everything, the interest of the City Nursery, health, truth, and honor, has been sacrificed. The Staten Island Country Hospital has been the ruin and death of the children sent out there. Look at the books (if they are kept): sixteen are admitted by the directors to have died there; they went out well, and died, and those who returned to the city came in poor condition. I state the facts without going into an explanation of the causes. Meanwhile, the city Institution has not even served its original purpose, inasmuch as *directions have been given not to admit small children, because they were more expensive to keep*. Therefore, the *average age* of those admitted from June to September *was twenty months*, against nine months of those admitted in October, or four or five months which has been the average formerly. The Staten Island Grave was so expensive that no funds were left for the City Nursery. Let Mrs. Du Bois deny that if she dare.

The Country Hospital has been a petted plan of Mrs. Du Bois. The fact of country air being preferable to city dust being sufficiently established, she selected the place in Staten Island, amongst other reasons, firstly because she resides on the island; secondly, because the place was considered by her to be so very cheap. On May 26th, before the meeting of the Board of Lady Managers, she met Dr. Reynolds and me, at her own

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request, at the Nursery, to induce us to state that it was our positive opinion that the selection of that place in Staten Island was preferable, at the time, to the erection of a quarantine in addition to the city building. The funds in possession of the managers were originally meant to be used for the latter purpose. In the course of the conversation we understood that her intention was firmly settled, that the bargain was closed, and that we were to advise the bargain, and the Lady Managers were to be served with the medical opinion as a further reason for ratifying the doings of their first directress. Under those circumstances we could not but see that our opinion or advice was no longer required: the bargain, however, was closed, and the cheap burying ground for the babies was secured.

This Country Hospital in Staten Island has proved a complete failure, as I have explained above. But Mrs. Du Bois's indomitable will and fruitful resources will not give up. It *must* be a success. No deaths *must* occur; "apparently dying" children *must* recover; the managers *must* be satisfied; *Express must* write laudatory articles; and, on the strength of such articles, the Albany lobby Assembly *must* find everything serene, and throw open the treasury of the people of New York State as before, and more than before. Not enough. She *must* have medical opinions to support her; the position a medical man naturally holds in the eyes of the public entitles him to esteem and his word to belief. The ever-changing house physicians may prove improper or unwilling tools; firm and independent characters are dangerous; avoid therefore the former, and expel the latter. Select such who have a "mild disposition," or are dependent upon you. If you cannot compel, coax; if coaxing be unavailing, use gentle pressure. If truth be insufficient, make them lie. It is not a new saying amongst politicians that words are given to conceal thoughts and truth, and false statements are the covers of wrong actions. It is a humiliating and disgusting fact that a physician should have given his consent to those false, intentionally falsified statements which have been read to you, ladies, and been

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published over his signature. Neither he nor his mother-in-law will deny the fact of his being aware of the real circumstances. But neither will perhaps acknowledge the fact that their standing with their colleagues is hopelessly ruined, until they are told so in just as many plain words.

The final result will be a favorable one for the Institution. As soon as the power of that strong and reckless mind, whom so many either know too little or fear too much, will be broken, the management of the Nursery will prove more beneficial than heretofore. The immense sums which have been collected for and spent on that "charity" have been wasted on shrouds and coffins. You know, after what I have said, that if you left all those children whom you now admit at heavy expense, in their tenements, hovels, and basements, a larger percentage would survive than at present. If a number of influential women like yourself would undertake to work on healthier principles than at present, supported and advised by superior knowledge and experience, less spellbound by the eyes and tongue of a politician who has no regards for the rights of her equals, for the holiness of truth, for the dignity of the humane cause in whose interest she professes to work, who makes false statements and procures false witnesses; if you, or the better part of you, would work in an independent spirit and with the modesty and firmness which result from self-knowledge and good intentions, you would prove a boon to the society in which you live.

I have finished. It was my sole intention to plead my personal cause before those of your Board who are not blinded by insufficient information on the necessary points, or by personal prejudice. I am sorry I had to turn accuser in more than one respect.

Yours very respectfully,

ABRAHAM JACOBI, M. D.

*Professor of Diseases of Children in the College of Physicians and Surgeons, New York; Physician to Nursery and Child's, Infant, Mount Sinai, and German Hospitals, and the Hebrew Orphan Asylum.*

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*Consulting Physician to the Northeastern Dispensary, and Western Dispensary for Women and Children; Member of the American Medical Association, the New York Academy of Medicine, Medical Journal Association and Lyceum of Natural History; Member (late President) of the New York Obstetrical and New York Pathological Societies; President-elect of the Medical Society of the County of New York; Foreign Member of the Obstetrical Society of Berlin and of the Medical Society of Würzburg; and Honorary Member of the New York Medical Forensic, and the Boston, Mass., and the Louisville, Ky., Gynaecological Societies.*

### POSTSCRIPT

The object of this letter has been somewhat foiled. I have not succeeded in making the ladies speak out, but the Medical Board has done so instead. After they had met "informally," some time before, they held a regular meeting, at which I was present, at the house of Dr. Delafield, on Thursday, November 11th. They stated that I had insulted the ladies and the Medical Board (especially Dr. Hull), that they had "nothing to do with statistics and charges," but that they had come to declare my place vacant, "in the interest of the Institution." Present: DRs. DELAFIELD, BULKLEY, MARKOE, WEIR, HULL, REYNOLDS, ENO, JACOBI.

It was stated that I was malicious and untrue. My statement that Dr. Hull's report was an invention made for obvious purposes, was refuted by the following: "It was not published at the instigation of Mrs. Du Bois, who had even said she thought Dr. Hull would not be pleased with its publication,<sup>1</sup> but after a motion of Mrs. Anthon's to that effect had been carried unanimously."

I have been declared to be malicious because the gentlemen have found in my letter a statement that the ladies had transferred the duty of making monthly reports from the house physician to the attending. The gentlemen assert they made that change themselves, which looks worse yet.

Other "refutations" of my malicious inventions have

<sup>1</sup> I do not believe he is.—Dr. J.

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not come to my knowledge. Finally, while I stand by the truth of the facts concerning the ladies and Dr. Hull which are the "cause of my expulsion," I admit that three dozen "ladies" and their friends can invent more slanders than I can refute.

ABRAHAM JACOBI, M.D.

110 W. 34<sup>TH</sup> ST., NEW YORK,  
November 18th, 1870.

## THE CARE OF FOUNDLINGS

*To the Editor of the Medical Record:*

DEAR SIR:—The publication in the *Medical Record* of September 1st, by Dr. Foster of "A Minority Report on Foundlings and Foundling Asylums," reminds me of a failure on my part to perform a duty naturally belonging to the chairman of the committee appointed by the State Medical Society for the purpose of investigating the subject of foundlings and foundling institutions. I hasten therefore to request you to insert a very brief addition to the former report of that committee which has appeared in full in the *Medical Record* of November 15th, 1872. This addition was read before the State Medical Society on the second day of its meeting, at Albany, in February, 1873.

In referring to the *Record* of February 15th I find the following report: "Dr. A. Jacobi, of the Committee on Foundling Asylums, which was continued from the previous year, made the final report and Dr. Joel Foster, who was last year added to the committee, read a minority report. The former was accepted by the Society, and adopted as an expression of their views on the subject."

As far as I know, the final report of the committee has never been printed, except in a single medical journal. At all events the *Record* after having given due attention and ample space to the subject of foundlings, never contained that paper. While I plead guilty to my neglect in not communicating to you the final report, I still hope you will insert, at this late hour, the conclusions arrived at in the former extensive report and in this addition. Your readers will find no difficulty in deciding upon the merits of both the reports of the committee, carefully prepared in the course of a few years, and the "few remarks on

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the subject hastily offered," which Dr. Foster publishes as "A Minority Report."

Yours very respectfully,

A. JACOBI, M.D.,

*Chairman Committee on Foundlings  
and Foundling Institutions.*

New York, September 9th, 1873.

### REPORT

Two years ago this Society appointed a committee, consisting of Dr. White, Buffalo; Dr. Dean, Rochester; Dr. Th. Hun, Albany; Dr. Hutchison, Brooklyn; and Dr. Jacobi, New York, to investigate and report in the meeting of 1872, upon the following subjects:

1. The causes of the fearful mortality of abandoned infants in general, and those in large public institutions in particular.

2. The reasons for the giving up of large institutions, and the success of the dispersing system for abandoned infants, in every country of Europe, where the preservation of lives was an object.

3. The causes of the unusually large infant mortality in the institutions in charge of either public or self-constituted authorities in New York City and State.

4. The plans and means for improving the condition of foundlings and abandoned children in New York City and State—

- a. During their infancy, when they are most subject to disease and death.

- b. During childhood and adolescence, when they require an education sufficient to make them useful members, and prevent them from becoming enemies of and dangerous to society.

That report was presented here a year ago. When parts of it, and the final conclusions of the same, had been read, it was, after a short discussion, resolved to accept the report, to continue the committee, and to add the name of Dr. Joel Foster, New York, who had participated in the discussion and appeared to promise valuable contributions to its working and results.

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The committee again appears before you to claim your attention, this time for a few minutes only, but for some final expression of your appreciation of its motives and endeavors.

The report was published in the *Medical Record* of November 15th, 1872. Thus it has been before you for some time, and may have been read by not a few. Those who had read it, we fully believe, will feel as positive as we do of the absolute conclusiveness of the final results of our investigations. Those who have not read it are well prepared by their knowledge as medical men, and their sentiments and convictions as practical humanitarians, to judge of their merits. Thus we again submit to you the conclusions of the report of last year for your adoption and support.

They read as follows:

"In accordance with the facts and conclusions contained in this report, which we have the honor of presenting to the Medical Society of the State of New York, we desire to propose the following:

"That the life and health of every infant are, both economically and morally, of paramount importance to society and to the commonwealth.

"That it is the duty of society and of the State to grant every infant the possibility of living and obtaining an education.

"That it can under no circumstances free itself of its responsibilities by throwing them upon private individuals; but should take care of every infant deprived of its parental protectors by death or incompetency.

"That science and experience have united on certain principles to be observed in the raising of the young.

"That human breast milk is more appropriate than artificial food; the country more wholesome than a large city; and an inferior private dwelling better adapted than a large, overcrowded institution to the raising of an infant.

"That the practice of uniting lying-in asylums with infant asylums or hospitals is a direct source of dangerous disease and fearful mortality.

"That the accumulation of many infants under one roof,

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under the best possible circumstances, and with as gentle care as is observed in New York State and City, is conducive to ill-health and unavoidable mortality; this system having been given up in Europe for this very reason.

"That according to the statistics of our own large infant asylums, especially the Infant Hospital, under the charge of the Commissioners of Public Charities and Correction; the Catholic Foundling Asylum, under the charge of the Sisters of Charity; and the Nursery and Child's Hospital, under the charge of a board of lady managers—all in New York City—their infant mortality is immense, and equal to the mortality of the large foundling hospitals of Europe before a radical change in their system of management was instituted.

"That the necessity of distributing abandoned infants among private families, especially in the country, is urgent.

"That the Medical Society of this State recommend such a change in the manner of caring for abandoned infants.

"That the State should see that this change be made as speedily and fully as possible, by all the public and self-constituted authorities concerned in the care of foundlings; inasmuch as it has positive responsibilities toward every member of society in general, and the young and feeble in particular.

"That, however, the State should not interfere with private charity toward foundlings, so long as the interests of the infants and the commonwealth are not injured.

"That the State ought not to be held responsible for expenditures not incurred by itself nor under its own control; that private charitable societies should not assume duties beyond their own means; and, in particular, that while private charity and enterprise must be encouraged, private ambition and officiousness must not be indulged in at the expense of the taxpayers.

"That, therefore, when private individuals or corporations ask the commonwealth for permission to administer charity on a large scale, under the rules and regulations of a charter, this permission and charter does not involve

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that the State should be tributary to such individuals or corporations.

"That, as medical men and citizens of the Republic, we are of the opinion that the maintenance of large institutions for the care of foundlings, by the payment to them by the State of eight dollars per head per month, is not productive of good results.

"That the probability or possibility of frequent changes in the administration of such institutions, which are, moreover, liable to be placed under the charge of persons whose qualifications for the solution of questions of the greatest difficulty and importance are frequently doubtful, is a source of great danger to both the infants and to the commonwealth.

"That the supervision and control of all the abandoned infants of the State belong alone to the State, no matter whether they are sustained by the State or by private individuals or corporations.

"That we see in such supervision and control no un-republican centralization, but the performance of a duty of the commonwealth toward the feeble and dependent young."

Your Committee recommend that the conclusions of their report be adopted by the Medical Society of the State of New York, as best adapted to the requirements of humanity and science, and laid before the legislative body of this State as the expression of its views.

We might go further and say that we, citizens and taxpayers, protest against squandering our and the people's means on institutions gotten up, indeed, in good faith and for laudable ends, but abortive in their results, dangerous through their effects, and destructive both to the public treasury and the life of the young. Year after year, time and efforts of both individuals and corporations are spent in the attempt at obtaining a large share of the public income for private charitable, or so-called charitable, institutions. All of us who have studied the list of such establishments as participate in the bountiful distribution of public funds know with pangs of sorrow and disgust that this distribution, in many of the items, is injudicious,

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and better adapted to serve private ends than the requirements of charity or the public good. We do not pretend to legislate for the consciences of our legislators as elected by the people, but we insist upon public resources not being decreed away upon the recommendations, pleadings, and lobbying of private individuals. We insist upon our voice being heard in those matters which we, strengthened by our knowledge of the scientific facts, and by a careful study of the results of both scientific and unscientific experiences, believe to understand better than those who, not fortified by knowledge, are easily misled by sentimental representations and high-phrased eulogies of alleged or supposed charity. At all events, we insist upon the State Board of Charities, or another appropriate and well-informed Board, to have full power to investigate the claims of those who mean to thrive at the public expense, or pretend to carry the load of public duties on private shoulders. And we beg and pray that the Legislature of this State may not forget that the taxpayers in the community may be remembered when public funds are distributed broadcast in mistaken liberality, and that the earnest humanitarians will never be the importune leeches of the treasury. And we also beg that when the claims of private persons or societies are considered valid because of the praiseworthiness of their undertaking, before their requests be granted and large amounts of public funds legislated away, the question be answered if those amounts are, or are not, in an undue proportion to the results promised, claimed, or obtained.

All of which is respectfully submitted, and, together with our report of last year, recommended for adoption.

DR. THOMAS HUN, Albany,

DR. WHITE, Buffalo,

DR. DEAN, Rochester,

DR. HUTCHISON, Brooklyn,

DR. JACOBI, New York,

*Committee.*

## REPORT OF THE CENSOR TO SYRACUSE UNIVERSITY MEDICAL COLLEGE, 1881

Your Censor, together with two other medical gentlemen appointed for the same purpose, attentively watched the examination of six gentlemen of the graduating class of the Medical College of Syracuse University, and all were impressed with the readiness with which correct answers were given to most of the questions put by the professors. The fact that in an oral examination a few of the questions were not rightly answered, when question and answer followed each other in quick succession, does not mar the general good impression made by the whole proceedings. The answers given to a large number of the questions put by some of the Censors demonstrated that not a few of the candidates had a good general knowledge of medicine and were capable of deliberation and logical thinking.

Now, an oral examination always carries with it an impressiveness which is apt to confuse and bewilder a candidate. In a written examination the absence of constraint and hesitation allows of more thoroughness than is possible in an oral examination. The Censors declare that the written examinations laid before them were highly satisfactory, for while the essays showed competency in medicine, they proved, besides, that the young gentlemen were not only medically but generally well educated. The latter point is one that cannot be urged too forcibly upon both the profession and the public. The medical profession is becoming more and more convinced that the future welfare of its members and the public at large depends upon the general education of the practitioner. Of all the colleges in the State of New York, the Medical College of Syracuse University was the first to introduce a graded course of instruction, and to require an examina-

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tion preliminary to the study of medicine. Too much praise cannot be bestowed upon the professors who did not fear to reduce the quantity of their students in the interest of the quality. Leaving the faculties of dozens of medical colleges behind, they rank in their intentions certainly with those of Harvard and the University of Pennsylvania.

The students of Syracuse University have a peculiar advantage. It is a well-authenticated fact that the students educated in the smaller universities of Germany and France are better prepared than those who have spent three, four, or five years in the great lecture rooms and amphitheatres of the large schools of Berlin, Vienna, or Paris. A student requires more than large museums, hundreds of patients, and large libraries to learn from. As much as anything else he requires the eye of his teacher, the personal contact with his professors, and personal observation. It is not a shipload of stores that gives strength and health. It is food, carefully and systematically selected for the individual stomach, and its digestive powers, that is beneficial. Therefore, instead of complaining of the small number in the classes, the Censors congratulate the students upon their increased individual facilities in their first studies, the professors upon their greater success in teaching, and the public upon the better intellectual character of the young gentlemen educated in this institution.

I desire to say that in an address to the public of Syracuse on June 10th, 1880, in addition to the above remarks, I spoke at further length upon the advantages of collecting students in small classes and having them under the immediate supervision of competent teachers. Admitting all this, the drawbacks of such a condition of things should not be forgotten. The difficulties of pursuing medical studies increase in proportion to the absence of the possibilities of study. The ideal medical college, in addition to admitting none but well-prepared students to its classes, though they may not have a classical education, should afford abundant material to learn from: anatomical material, museums of anatomy and zoölogy, mineralogical

## REPORT OF THE CENSOR

collections, botanical gardens, ample reading rooms, large libraries, clinical facilities, and a large body of teachers and professors of all branches. The very best and most amply supplied colleges in the States are the first to admit that but a beginning has been made in the direction of complying with all these wants. As not even the colleges in the larger cities, or the institutions aided or supported by the State, come wholly up to the requirements of modern medical education, the difficulties in the path of the faculties of medical colleges located in smaller towns are evidently very great. Not only are the clinical advantages apt to be too small, and the museums, libraries, and anatomical subjects insufficient, but the faculty may also find themselves cramped for want of able teachers. A dozen or more of competent medical teachers are not easily found in any community. The hard experiences and drudgery of practical work paralyze the purely scientific effort, and tax to an extreme degree the powers of the most capable brain coupled with great physical endurance. Many a good man cannot think of assuming the responsibility of a public teacher in addition to the performance of his daily duties. Besides, if there be men capable and willing to teach those branches by which no livelihood can be earned, they are more apt to be found in large cities, if at all, than in smaller communities. If they are to teach, they must live; and where there are no funds from which ample salaries can be paid, many important branches of medical instruction have to be omitted altogether.

Moreover, the changes and necessities of life are such as to demand frequent changes in the ranks of the faculty and adjunct teachers. This certainly does not enhance the unity of instruction and the feeling of permanency and safety on the part of the professors; and, in view of this fact, we cannot help expressing a fear, unless pecuniary aid be obtained either from the commonwealth or from wealthy individuals, lest many seats of learning will not render services commensurate with their ambition. Medical students do not require to be rich, as a celebrated European professor has lately claimed; but a medical college must be rich in order to comply with both the re-

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quirements of modern teaching and the wants of medical students who have enough intellect and ambition to compare satisfactorily with those who have studied under the most favorable circumstances.

While the Censor appointed by you has marked out some of the evils of medical education, he cannot at the same time offer remedies for them, but must limit himself to expressing his opinion concerning wants which cannot be supplied with the present means, but which he hopes and relies upon the future to satisfy.

## SPEECH DELIVERED ON THE ANNIVERSARY OF THE FOUNDATION OF THE GERMAN SOCIAL-SCIENTIFIC SOCIETY

*Gentlemen:*

A YEAR ago it appeared desirable and necessary that the German Social Scientific Society celebrate the fact of its ten years' existence. At that time all of us participated in the celebration of the anniversary. In this very place I then had the honor of delivering to you a short address, and here it was that Professor Schlem unfolded before you in his concise, philosophical, inimitable way, the history of the society, as in the course of ten years it took form and gradually developed to what it is to-day. That our historian should not live to be with us this evening is a fact of no small importance in the annals of the last year. Death has robbed us of him as well as of other well-known and meritorious members. It will be my task at the end of the business year, if I live to see that day, to revert in a more befitting manner to the sad losses we have suffered. It is fitting, however, that this evening which is devoted to the society and to society life, we should remember the dead who were united to us by a common bond. Let us honor their memory and let us especially remember our departed president who had served us for many years and to whose uninterrupted labor and loving efforts the society owes so much.

The fact that the celebration of the eleventh anniversary of the association has seemed to the members a matter-of-course and that we are here gathered this evening for that purpose, is a pledge to me that there has been no diminution in the consciousness of the object and the strength of our society. That modest paragraph of our constitution which states that the object of the association is "to create for the educated Germans of New York a center

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for their intellectual endeavors and interests, as well as to offer its members an opportunity for coming in closer contact with each other through social intercourse" naturally expresses its aim in but the most general manner. Recollect the words with which but a year ago Schlem concluded his historical retrospect:

"Still unaltered remains the object for which the founders of the society as well as all the later members have striven. Or is there one amongst us here this evening who would doubt whether the Germans of New York, the metropolis of America's German population, the third largest German city of the world, should have a center for the expression of the German spirit? Vigorous and exuberant with life as never before, the mighty current of German thought rushes through mankind in the nineteenth century like the Nile, fructifying with luxuriant vegetation wide expanses of spiritually arid plains. In ever-increasing numbers the thirsting and receptive students of foreign universities flock from all parts of Europe, from America, and from the remotest corners of the civilized world to the fountain-head of the sacred stream, so that in common with Germany's youth they may drink from the inspiring spring of ideal knowledge and spiritualized humanity. Should the German youth of the United States cease to refresh itself at this fountain? The German-speaking population of the United States, united as it is by the living bonds of birth and language to the race of its origin, scarcely yields in numbers to that of Bavaria and Württemberg; in fact, it probably considerably exceeds it. So strong a representative numerically of German speech, German ideas, German culture should not remain a mere passive observer, but ought to participate consciously and energetically in the creative activities of the German spirit. To attain this object concentration and organization of our present powers are indispensable. The more an association contributes to the realization of this object, the greater will be the benefits it will confer on its own members, the greater will be the influence it will have upon our children, the growing generation of German-Americans, so much more of a lasting blessing will it prove to our new

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country, where the greatest body-politic of the world's history seems to be rapidly growing up. For it will inject into it the fullest measure of idealism, in which respect the Germans, of all the nations of the earth, indisputably occupy the foremost rank. Our society has set itself this object at its very foundation and during its ten years' history has never lost sight of it. Let us now make a new start for this goal."

What, you will ask, should the start be, and how is our goal to be reached?

Since the celebration of our last anniversary you have made some steps in that direction. A large number of lectures has been delivered before this society and many of them were made accessible to a wide circle of both sexes, outside of your membership; you have provided for the publication of your labors, you have gained in membership. These are several measures which are bound gradually to bear fruit. True, our situation is not without its difficulties. While the number of those speaking our language is to be counted by the hundreds of thousands, nevertheless, the want occasioned by scant earnings, the over-exertion caused by hard labor, the great distances of this vast city, the complexity of life, the love for one's own hearth,—are still obstacles in the way of our rapid expansion and of our growth as a society. There is yet one other circumstance which more than all the above may hinder our present progress, although in the future it will react to our advantage. A society like ours had at first, through necessity, to bear a national character. It came into existence at a time when Germany's magnificent development was making rapid and forceful strides towards a state of unification. At that time hardly a man was able to get away from the national impulse, from that joyful sense of strength and duty, which German birth carried with it. The yearning after national formation and consolidation, which seems to be the trend of the historic development of the races in the present century, took possession of all. For it seemed as though on this newly acquired foundation there would arise a mighty enduring structure. Thus along with the German philo-

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sophical influence there was felt a German political current which affected our hopes and plans. No matter if the expectations of the most enthusiastic did not become realized. Our interest in the German fatherland cannot be diminished by the fact that the grasp of those millions who were strong enough to bring about only partial unity, did not at the same time wrest complete liberty. Nor is our adherence to the German idea as we carry it in our bosoms weakened by the fact that the numerous millions of the half-educated and the yet more numerous millions of the non-educated and raw, still plunged in the darkness of the middle ages or mediævally inclined, are far from presenting in our old fatherland a harmonious wall of sentiment and opinion. For we needn't consider either half-education or ignorance or rawness—for these things are *not* the German spirit. What we did carry over from our old fatherland and what we intended and still intend to lay at the foundation of our society is the rich treasure of thought of the best men in the nation, the disinterestedness of its philosophers, the idealism of its poets, the humanism of its reformers, and the cosmopolitan tendency of its thinkers. These German traits have brought honor upon the German name and have caused the German influence to be felt much more and even much earlier than the national warlike achievements of the last fifteen years. These will be of but scant use to our society. The only thing that can further strengthen and insure our standing are our own further labors. We, Germans of the United States, will have no one but ourselves to blame if we do not succeed in carrying through what we have often declared to be the object of our society. Next to the furthering of our own spiritual interests, we are concerned with those of others, particularly of the English-speaking people, with the advancement of a spiritual bond between the English- and German-speaking families, with the universalization of German culture and German spiritual interests and with the propagation of humanitarian viewpoints. In questions of practical politics and of civic life we are concerned with the practical application of the principles of education and moral cleanliness to which the

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individual must adhere and without which the political community goes to ruin.

Do not tell me that I demand the impossible. The points of view and the interests of the truly educated of all nations coincide, for true education is in its ultimate purpose humanism, even when its foundation is not classicism. And the difficulties are not so great as they may have appeared ten or even twenty years ago. Knowledge of the German language and literature has become rapidly diffused among our native-born fellow citizens; German ideas and philosophy have found a ready entrance, in fact, the most cultured city of the United States is known for its preferring German literature, general as well as technical, to that of all other foreign countries.

There is possibly still another reason why the difficulties are insignificant. With our German countrymen classicism and humanity, education and culture do not always go hand in hand. On the contrary, in the German universities one may find instances of a convenient and comfortable combination in the same individual of a gymnasium course of instruction along with rowdyism, and of an intimate acquaintance with the ancient gods along with anti-semitism. The forced uniform training of the German youth in Latin and Greek does not seem in itself to be conducive to the development of urbanity, humanity, and nobleness of heart and spirit. On the other hand, Americans, of all nations, furnish the only human material which with nothing more than refinement will take on a most beautiful polish. In the American there is deeply rooted the "gentleman." One finds the best specimens of educated manhood, as is well known, in the spiritually free and refined American circles, and the rapidity of the development of intellectual and social culture in the last ten or twenty years has struck every one of us who had the time and opportunity for observation.

Let them not tell us either—or rather let them say if they will—that these are mere ideals. The Society *must* have ideals. Reality takes good care of itself and will assert itself without our particular solicitude. In the individual idealism is often only capable of intensifying one's

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inner life, but the ideals of a society conscious of its duty are transformed into deeds. I hope that many of our members will live to see the time when it will be possible to point with positiveness to the influence exerted by the German Social Scientific Society of New York on the spiritual union of Germany and America, on the elevation of the German population of this country, on the spread of its ideas, on the betterment of public education and on the purification of politics.

The stronger and more comprehensive our Society, the easier and more thoroughly attainable will be our aims and objects. Let us, therefore, try to attract the congenial minds in our midst—and to establish suitable bonds between ourselves and the outside world.

## ADDRESS AT THE TWENTY-FIFTH JUBILEE OF THE GERMAN DISPENSARY OF NEW YORK

MR. PRESIDENT, Gentlemen of the Board of Directors, esteemed guests and audience, colleagues:

This booklet, Mr. President, perhaps the only one, and surely one of but a few of its kind, is the oldest document of the organized scientific activity of the German physicians of New York. It contains the "Constitution and By-Laws of the Society of German Physicians of the City of New York, founded in the year 1846."

Of the 26 members which belonged to this society from the beginning of the year 1847 until the end of the year 1856, only eight are still living, and a number of these are very old. The charter members, A. Gescheidt, C. Henschel, W. Detmold, H. N. Wilhelm, M. Palmedo, Fr. Miller, G. Landesmann, I. Fränkel and M. Michaelis, are deserving of a permanent place in the history of the intellectual life of this city and of grateful appreciation on the part of the younger generation of medical men.

This second booklet, Mr. President, is of still greater, and direct practical importance for us.

It contains the "Constitution and By-Laws of the German Dispensary of the City of New York, founded January 19, 1857." The Institution which is the occasion of to-day's double celebration, this afternoon, closes the first quarter of a century of activity. This day is a particularly joyful one to the older physicians among us, those who are not prevented from attending either through death or untoward circumstances. Not that the shades of our departed co-workers do not throw a saddening light on the picture of the last twenty-five years; the joy is due to the fact that our creation has not alone stood the test of many years, but has developed into a greater bless-

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ing from year to year. As one of the few survivors of that period I have had conferred upon me the honor of addressing you on this occasion regarding the history of the Dispensary. *This* I look upon as the task that has fallen to me, and I shall therefore confine myself to stating that which I know of my own personal experience. Many of my colleagues who are present here have the good fortune to be so young that the greater number of the names with which the older ones among us were so familiar have never even been heard by them. You will therefore pardon me if I fail to name many a one who was either a staunch supporter or an opponent in those times, times in which the medical profession was possessed of attributes of which it is said to be not even free at the present time—hatred and love, energy and laziness, sacrifice and egotism, generosity and envy, modesty and vanity.

Before the period at which your Dispensary was founded, the entire organized charity medical work among the Germans in New York was in the hands of the *German Society*. All German physicians who registered at the office of the Society, as willing to treat the indigent poor reported there, formed the *Association of Charity Physicians*. They were represented by two delegates in the Board of Directors of the German Society. The physicians furnished their services in their offices and at the sick-bed, and the German Society paid the apothecary's bills. More than twenty-five years ago, in the year 1856, the Association of Charity Physicians consisted of sixty-two members. Disagreements did not always occur in their official meetings; but neither did harmony always prevail. And not always were the most calm, most reasonable and most suitable men elected as delegates; on the contrary, sometimes the most obstreperous men, of whom it was least expected, had the election come to them. And not always was good and conscientious service rendered.

It seems impossible to prevent occasional discord and disagreement from arising among dozens of isolated workers, connected only by loose association. Hence the difficulties gradually assumed gigantic proportions. You know

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from the present condition of affairs that the German Society has preferred, for many years, and for various reasons, to entrust its outdoor medical service to one or more carefully chosen and paid physicians.

In any case, the care of the sick, as it was managed, was not satisfactory. Practical and unpractical suggestions were thought out to remedy matters. But how naïvely calculations were occasionally made will appear from a circular issued in the beginning of the year 1856, and signed by Doctors Löwe, Meier, Schweich, Welcker, Rösler, Strube and Tellkamp, which referred to the erection of a German Hospital and in which the constant use of one bed was promised for an annual subscription of \$25. The founding of a Dispensary was first discussed by Drs. Kammerer, Schilling and Jacobi; but before the first steps were taken in New York, their colleagues, Bauer, Kalt, Bräunlich, Neuhaus and Pfeiffer, had opened a Dispensary in Brooklyn, which rendered excellent service for many years. We New Yorkers thought at first that the only neutral ground on which we could erect our structure would be the Association of Charity Physicians of the German Society. But this loyal thought could not be put into execution, because the latter did not declare itself willing to take over the institution, but to make a cash contribution in case the support of the public should prove deficient. The fact, however, that through this a mixed management would become necessary, the impossibility of making use of all the professional service available, personalities, animosities of the coarsest kind, furthermore, the limited resources of the German Society, which saw itself even face to face with the necessity of paying a salary to its president, and, on the other hand, the confident belief in success, if a certain number of medical men went to the public direct and the consciousness of solidarity among a small number of energetic men, who took pleasure in and were accustomed to work,—all this caused us to make an independent effort toward the realization of our plans.

But we were not the first in the field. For the German Society had meanwhile been prevailed upon to call a dis-

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pensary into life under its patronage and at its own expense.

This *Dispensary of the German Society*, officially founded and supported, commenced its activity with twenty-four physicians, and was given up a few years later. In this connection I should like to mention a much later effort for the foundation of another German Dispensary. Some of you may recollect the fact that some eight years ago a favorable committee report so convinced the legislature of the future successful working of a newly planned dispensary, that it granted four thousand dollars for the purpose. The coming institution could not bear so much good fortune; the money was paid and the aim attained. The Dispensary was dissolved with genuine satisfaction all around.

Our Dispensary, "*The German Dispensary of the City of New York*," was officially founded on January 19, 1857, and opened on May 28, 1857, at 132 Canal Street. It treated 2372 patients to the end of that year; the following year, 1858, 4867; 1861, 9681; 1866, 11,472; 1868, 14,407; 1876, 20,885; 1881, 23,637, altogether about 350,000. These figures plainly show how much the institution did with small means for the sick and poor. May all those who have contributed to this result—whether much or little—find their satisfaction in this statement. They all feel with me that in these long twenty-five years the public has been satisfied with us.

But the Dispensary would not have done all its duty if it had only brought relief to this one-third million of people. You, ladies and gentlemen, should know that we medical men look upon a hospital from various view points. The right kind of an institution must be useful to the patients and to the physicians. The patients regard themselves as the sole and exclusive object in themselves, but to us they are also a means. They serve as our material for observation and study, they furnish us with experience and knowledge, of which some make greater and some lesser use, as is wont to be the case. In this sense the Dispensary has richly compensated those who worked in it; it has yielded results that in turn have again

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benefited the public. There is not one among us who did not learn much in this school. Our colleague, whose name is mentioned in all the medical literature as an authority in his specialty, earned his spurs in the Dispensary, which he had entered soon after its establishment; and those who have made a name for themselves in art or science over and beyond their German clientèle and neighborhood are indebted to the Dispensary for golden opportunities. It made a reputation for itself among medical circles of New York City very early in its career; at that time literary members had no other title of honor than "Physician to the German Dispensary." Krackowizer and Voss carried its name into surgical circles; before they had any connection with any other institution they were known only as surgeons to the German Dispensary in Canal Street. Noeggerrath's literary work carried the name of the institution beyond the limits of New York, and the first American paper on diphtheria of that period, widely copied in the United States and promptly translated in Germany, owed its existence to the rich material furnished by the German Dispensary.

And while the reputation of the institution increased among the American colleagues, the relations among its members became more firmly established by reason of their daily collaboration. They were young, energetic and enthusiastic; the monthly meetings were never bare of material or lacked full attendance, and occasionally had to be duplicated; the addresses were exclusively made by its members; the regular extraordinary monthly sessions, intended for the entire German medical profession, enjoyed a strong attendance. It is a subject for deep satisfaction that both institutions are still in existence and doing good work. At an early date the members established a valuable library of periodicals, which was donated to the Dispensary and managed on liberal lines. Hence the Dispensary was the meeting place of not all, perhaps, but of many of those who were anxious to work and improve themselves; it was a physical and intellectual center, the desired fulcrum for new arrivals by whom it was considered an honor to be permitted to act as assistants; the

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Annual Report for 1868 contains the names of ten physicians who are given appreciative mention for regular volunteer service they rendered. The outcry, charging the domination of cliques in a community whose activity is entirely public, which naturally desires to draw upon the best elements for its growth, and which is as liberal with its educational means as was our Society, is foolish, to say the least. There was a time (and it has not passed) when it was difficult to limit the number of Dispensary physicians; of course all those whose admission was not considered desirable made front against it. In the meantime it is a fact that among American physicians it was looked upon as a recommendation to belong to the German Dispensary staff; and it is a further fact—to speak of personal matters—that the relations of the members among themselves were always cordial, and often intimate. Envy and malice and unfair criticism found no room, and demagogic or oligarchical inclinations no soil. It was a golden age. Perhaps I may even confide to our younger members that our evening sessions were often prolonged until the early morning hours; also that none of us suffered from gastritis, rheumatism, or gray hair.

And while the relations of the Dispensary physicians among themselves and to the medical profession in general assumed a very satisfactory character, their position toward the public was of a very agreeable nature. Paragraphs 5 and 6 of the original statutes surely contributed largely to that end. Paragraph 5 states: "The general direction and the economic and financial management of the Society and the institution is in the hands of a Board consisting of twelve directors. The medical direction and management shall be within the province of the medical staff." Paragraph 6 provides that two members selected by the medical staff shall be on the Board of Direction, a provision which was later embodied in a similar way in the statutes for the enlarged Dispensary and Hospital. In this way it was made possible to have a prompt and immediate understanding between the medical and the lay management; in this way the Institution has prospered for twenty-five years, without friction, without jealousies,

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envy, fear; with perfect harmony existing between the Board of Directors and the medical body. Those among you who have had much to do with other similar institutions, will know how their progress is hindered by the fact that there is no medical representation on their Boards of Directors, no immediate possibility of mutual understanding, no opportunity for taking council; and they will also know that because of this unity, because of the perfect understanding between medical men and laymen, the German Hospital and Dispensary is the subject of widespread envy.

And in other respects also it forms a distinct exception. The community of interests, the consciousness of solidarity and of absolute equal requirements, has brought it about that in our institution physicians are among the most generous contributors. One of the very last annual reports mentions again one of the older physicians in connection with a large cash donation; the public and the medical profession have united here in a common scientific and humanitarian enterprise. The former gave willingly for many years. But when the greater needs of the Hospital began to press, many of the physicians felt that the time had come when, aside of their time and labor, they should contribute also a portion of their not over great earnings, for the purpose of support and of example. It is right and proper, too, my colleagues, that in the German physician, as we want him to be, brain and heart should be full of humanitarianism.

The first Board of Directors of the Dispensary was composed of Messrs. Ferd. Karck, President; E. A. Oelrichs, Vice-President; E. S. Ballin, Treasurer; B. Roelker, Secretary; F. Dietz, F. Luis, N. K. Rosenfeld, R. A. Witthaus. The President and the Treasurer of the German Society acted as ex-officio members and the medical delegates were Doctors Krackowizer and Henschel.

The latter never rendered any active service, but his sympathies for the young institution—he was one of the older and best-liked physicians—was of great importance to the enterprise. His colleagues never forgot his sympathy and gladly demonstrated their appreciation also at

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the time when—long before his death, which occurred only about eight years ago—he retired altogether from the Dispensary.

The first medical staff consisted of Drs. J. Goldmark, C. Henschel, M. Herzog, A. Jacobi, J. Kammerer, E. Krackowizer, W. von Roth, E. Schilling, E. F. Schwedler, J. Schnetter, F. Strube and L. A. Voss.

W. von Roth soon had to leave for Italy and died not much later of consumption. He was young, well liked, the picture of a gentleman, and a good surgeon. He introduced tracheotomy in croup into New York practice, and performed it forty-eight times with eleven recoveries.

C. Strube also resigned and soon returned to Germany. He remained with us in spirit, although we rarely heard from him. A legacy was left to the Hospital and Dispensary from his estate.

At about this time Dr. Noeggerrath was admitted, and the medical service was organized with Drs. Schilling and Schwedler for Internal Medicine, Krackowizer and Voss for Surgery, Herzog and Jacobi for Pediatrics, Kammerer and Noeggerrath for Gynecology, and Goldmark for Dermatology.

The only change in the year 1858 was the active participation of Dr. Schnetter in the Department for Internal Medicine and Dr. Schwedler's transfer to the Department of Dermatology.

On May 1, 1859, a Department for Eye and Ear Diseases was opened, in charge of Dr. Althof; and Dr. L. Stern was admitted. In 1860 Dr. Goldmark resigned. He was not otherwise in active practice and he certainly deserves honorable mention inasmuch as he—contrary to his other interests—was among those who fired the first shot in our campaign, and continued his active participation in the affairs of our Institution up to the time of his death, which occurred last year.

In 1862 Dr. F. Simrock was admitted, in 1863 C. Lellmann and E. Rosenberg, in 1864 Fr. Zinsser, in 1866 H. Guleke, in 1867 A. Pramann, in 1869 Jos. Simrock, L. Bopp, J. Buscher. In the latter year Dr. L. A. Voss left the Dispensary to go to Europe. As a practicing surgeon

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and as a teacher of surgery he was a worthy associate of Krackowizer. The Institution and the city lost in him a competent physician of decided knowledge and ability. The United States hardly possesses another surgeon with his extensive knowledge of the literature of his chosen specialty.

In 1870 the staff admitted the following members: L. Arcularius, Wm. Balser, A. Frank, G. Frauenstein, C. F. Kremer, G. Langmann, J. Stachelberg, L. Strauss; in 1871, W. Schmidt, L. Conrad, E. Wettengel; in 1872, H. G. Klotz, H. Kahn, G. J. Swerscheffly. In the same year the Vaccination Department was created. In 1873 were admitted, von Seyfried; in 1874, H. Kudlich, B. Scharlau, E. Lauer; in 1875, J. Adler; in 1876, J. Rudisch, G. Stein. In this year the number of Departments in the Dispensary was increased by one, that of Neurology. There were admitted in 1877, J. P. Oberndorfer, J. W. Frankl, A. G. Gerster, E. Grüning; in 1878, B. Morjé, F. Serr, A. Seibert; in 1879, A. Friedenberg, A. Caillé, H. Garrigues; in 1880, G. Degner; in 1881, E. Friedenberg, A. Löwenthal, G. W. Jacobi J. Kucher, H. Heppenheimer, A. Seessel.

Surely, a stately row of names, and let me add, ladies and gentlemen, a row of stately names. Not all, it is true, remained faithful to us. A few preferred to leave us, on entirely friendly terms; others, and not a few are these, were removed by death. About at the time when Dr. Goldmark died, the Institution lost also Dr. Herzog, one of the founders. A large circle of personal friends deplored his early and sudden loss. Dr. Stachelberg also died, after a brief but most promising service in both Institutions, leaving many sorrowing friends, who had quickly learned to love this modest but earnest co-worker.

We would have been fortunate if death had been satisfied with *this* reaping. But I ask you to look back a short decade. When the German Hospital was opened in December, 1869, the following physicians entered its service simultaneously: Schilling—he is dead; Althof—he is dead; Krackowizer—he is dead; Kammerer—he also is dead; and E. F. Schwedler. None of them was advanced

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in years when he died. The average age of the four who died was perhaps fifty years. None of them but stood above the common herd. Two of them the Hospital and Dispensary will never cease to mourn. And as regards one of them, we shall never again see his equal.

However, this day is intended more for a day of rejoicing over our twenty-five years' existence than as a day of mourning for those who have gone. But we have not forgotten, and shall not forget those whose works follow them. The industrious Kammerer, the jovial, clever Schilling, the amiable, overflowing, generous and tireless Althof, and Krackowizer, the mature man, the clear-minded politician, the great physician, the daring surgeon, the faithful friend and jovial companion, the yielding associate and the steadfast character, the man whose principles were as firm as his knowledge and ability were great, the knight without fear and without reproach,—all are departed in this brief space of time. If our span of life be measured by theirs, many of us will have to hasten to earn an approbation that shall cause us to be missed, and to be among those for whose sake our small circle, too, is willing to observe a memorial day.

And now, my colleagues, allow me to close my remarks—mostly of historical import—in thanking you once more for the privilege extended to me of speaking. I would not only express my appreciation, but I would prove it, if only by my wishes. And my wishes for you personally are that you may bring the same devotion to your work for the Dispensary, as did its founders; that each one of you may have such able, joyous, humane and scientific associates as I possessed; that you, or at least many of you, after another twenty-five years, may look backward with the same satisfaction and forward with the same hopefulness as your veterans; that you may get the benefit of all the scientific and social advantages which connection with an Institution like ours confers; that the reputation of the Dispensary, started in its early days, may extend to widening circles; that you will make for it a respected name in the countries of at least two tongues; that your relations among yourselves, scientific and personal, may become

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closer and firmer; that you may further your meetings, continue your scientific activity, and be a protection and support to those young scientists who have turned their backs upon the old fatherland, to devote their work to the cosmopolitan structure of the new. All this I wish for you, all this I expect of you, in my name, in the name of those veterans who do no longer associate with you daily but who are united with you by common interests and reminiscences—above all, in the name of those who are no longer with us.

Last but not least, I wish one more thing for you, that you may always succeed in finding a Board of Directors commanding respect, a Board that is liberal, possesses insight, is free from egotism and vanity, a devoted Board like that which we have had for twenty-five years in the Dispensary and for thirteen years in the Hospital and Dispensary. The most dependable support of the Institution were its counselors, its Presidents were its pride. Men of position, of honor, of devoted care, have carried our banner from the first to the present day and protected our interests. Ferd. Karck (1857), E. A. Oelrichs (1858), G. Schwab (1861), N. K. Rosenfeld (1862), H. Barnstorff (1866), G. Günther (1871), and Willy Wallach (1877), are worthy of all the honors that we, their contemporaries, can bestow upon them, and of the fame that will not be denied them. The last-named has entered his rest after a broad, many-sided, devoted and exhausting activity. My colleagues, a warm human heart, a restless brain, an ever ready and effective benefactor, having an eye for the greatest and the smallest, the near and the remote, the Krackowizer among laymen, was entrusted to his mother Earth when Willy Wallach was carried to his rest.

And if all my good wishes should be fulfilled just as I have expressed them—and I have expressed nothing that is not worth desiring, nor capable of fulfillment—I shall have nothing to add but the broad blessing: *Vivat, floreat, crescat!*

This third booklet, Mr. President, proves that this blessing has already been fulfilled. It contains the "Charter

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and By-Laws of the German Hospital and Dispensary of New York, founded and chartered April 13, 1861."

The Dispensary *has* lived, *has* flourished, and *has* grown. On May 1, 1863 we removed from 132 Canal Street to the larger building, 8 East Third Street. A small hospital division of six beds was established for urgent operative cases and has proved its value, under the supervision of the medical staff and the painstaking care of Mr. Schneider, our faithful steward to the present day.

In the year 1872 the house at 65 St. Marks Place was finally acquired by purchase and the Dispensary, which had outgrown its old location, was removed to the new building. But the same fact has had a constant recurrence: the demands made upon the Dispensary, and the service rendered by it, increased until the disproportion between the patients—23,637 in the year 1881—and the space available had resulted an impossible condition. And to-day, Mr. President, we have to face the fact that in our present premises justice can be done neither to the patients nor to the physicians; and we have to concede the further fact that another and more commodious Dispensary Building has become an absolute necessity. That this necessity will soon be met is guaranteed by the past growth of the united Institutions whose existence we celebrate to-day, and by the building in which we are assembled.

The charter was obtained on April 13, 1861, and the first management was organized on February 15, 1862. On October 28, 1868, the Building Committee turned over the newly erected Hospital (the present main building) with bare wards for the furnishing of which a further twenty thousand dollars was required, and a deficit of \$44,015. Those were trying times for the Board of Directors, who had to tell itself that the original plan, calling for four large wings, would have to be abandoned.

Six building lots, previously bought in 76th Street at a cost of \$25,800, were sold again and the proceeds used for the reduction of the indebtedness. An energetic and tireless friend of the Hospital, whose name should never be forgotten in our history, Mr. H. E. Möring, collected,

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—as only *he* could collect—\$11,015.40 for the purchase of furniture and also secured ten subscriptions for free beds. And at last, on September 13, 1869, the Institution was opened for the reception of patients.

There was still an indebtedness of \$20,000, and no funds were available for the current expenses of the Institution. Only he would be able to describe the difficulties that constantly confronted the management, who would undertake to certify to the unbending courage, the unyielding manfulness and the unshaken confidence of many of the members of the Board who are still among us and some of whom are present here. But even they had periods of wavering. We all recall the trying times that were relieved through the gift of \$50,000 on the part of Freiherr Friedrich von Diergardt in Viersen, a munificent gift, out of which ten free beds were created and \$30,000 permanently invested.

At that time it was not only poverty that hindered the growth of the Institution; the very elements themselves seemed to oppose our progress. The vicinity was unhealthful; the streets were laid out, but the deep areas in the open lots were not filled up and not drained. As many blocks, as many lakes of dirty water, or colonies of still dirtier people with their brutish companions. Inter-mittent fever and similar diseases made their abode in the Hospital; patients recovered more slowly, contracted new diseases under our care, and those who were well became ill. This condition continued until the island was completely drained toward the east side, and did not terminate any too soon. For with the chronic poverty of the Institution and its reduced effectiveness, due to the above described state of affairs, there came hard times, and an inclination on the part of the public to blame the Institution for its decreasing activity and for some unfortunate accidents, and make this a pretext for withholding contributions. It was adding insult to injury.

Never did an institution, that was supported through the care and anxiety of devoted men, for the public good, have to bear more evil report than did this child of care, the German Hospital. We Germans must admit that we

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are not any more inclined than are members of other nations to bear common perplexities in common, and not to seek to blame others when misfortune befalls us.

So it came about that the number of our patients not only fell from 769 in the year 1872 to 483 in the year 1876, but that contributions to our exchequer were also greatly reduced. And nevertheless the Board of Directors and its friends continued their active work. It was just about at that time that the Krackowizer Pavilion was built, to accommodate the overflow, from the main building of of surgical cases and severe wound lesions.

However, neither this step nor the ultimate prosperity of the Institution would have been possible without the sympathy of associations and persons who—besides the benefactors already mentioned—are entitled to our everlasting gratitude. At the period of the foundation of this Hospital the Ladies' Auxiliary Society developed a most beneficent activity. It was due to their efforts that the Institution received a contribution of \$5000 from the State in 1871. And about at that time some interest for us became noticeable in many German Societies of the city and vicinity, for which due credit will be given.

In the year 1879 a Christmas Fair yielded us \$9000, and in the year 1881 a special collection produced \$27,000. About the same amount was contributed by Art to Science and Humanity; for a long time Mr. Adolph Neuen-dorff—whose name we honor—favored the Hospital with the proceeds of an annual theatrical performance. And there are other names that we want to recall: Hotop, Gerster, Gestinger, Joseffy, Herrmann, and Amberg deserve a place of honor among our benefactors. Up to 1880 the annual "Hospital Saturday and Sunday" were also the source of a modest income. In the year 1876 the Ladies' Society was founded, of which the membership had increased to 160 by 1881, and whose efforts in the interest of our equipment, and the preparation of thoughtful Christmas remembrances for our patients are deserving even of more hearty thanks than their considerable expenditures of money alone could command. And no less are we to acknowledge the readiness of the founder

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and the inmates of the Isabella Home to furnish us with a portion of our sewing free of charge.

Only through such active and extraordinary aid, in conjunction with contributions received more or less regularly, was it possible for the Hospital to recover so quickly from the loss by fire sustained on December 31, 1871, and to build the Krackowizer Pavilion in 1875, as well as the morgue and the new isolation wards in 1880. The latter, small as they are, have been of inestimable value. Of seven almost exclusively severe cases of diphtheria treated in 1881 we lost none; of four erysipelas cases but one, and of thirty-three typhoid cases but three. And it is only thanks to such extraordinary assistance that we were able to receive 976 patients in 1880, and 1,244 in 1881. And in this connection it is to be remembered that of these 1,244 patients 940 were free patients, 145 partly free, and only 159 pay patients. A further evidence of the humane and considerate treatment given by the Hospital may be found in the fact that the average duration of the stay of pay patients was  $22\frac{2}{3}$  days, and of free patients  $26\frac{1}{3}$  days.

But as time goes by the tendency and the efforts of the Institution are willingly recognized. Many who hardly thought of us while living have given us evidence of their interest in our task after their death. Up to the end of the year 1880 about \$90,000 came to us in the form of legacies. Naturally contributions of this kind will increase in number. With the increasing popularity of the Institution, and with a wider knowledge of the usefulness of the Hospital and the Dispensary, there will be hardly a German to lay down his last will without remembering these Institutions.

And now, in conclusion, once more let us return from the contemplation of death to active life.

The Annual Report for the year 1879 voices the following complaint:

"We were unable to vacate the various wards completely even for a short time, to disinfect them thoroughly, and regret to say that in the women's and children's ward surgical cases and cases of internal disease are accommo-

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dated simultaneously. It would therefore be a great benefaction if some big-hearted philanthropist were to found a surgical pavilion for women like that which we have for men."

The one for 1880 reports: "We are permitted to announce at this early date that a big-hearted philanthropist has been found who will add a new building to the hospital during the current year, in which 50 patients, women and children, can be accommodated."

In the report covering the year 1881 the following announcement is made over the names of P. Balluff, Theo. Kilian, and Dr. E. F. Schwedler: "No year in the history of the German Hospital has been so rich in blessings like the past year; no year so rich in confidence bestowed and helpful support like the present year! Is not the proof for this statement found in the generous donation of Mrs. Anna Ottendorfer? After many years of mature reflection and continuous personal contact with the management of the Hospital she did not hesitate to designate it as an exemplary institution and has put at the disposal of the Directorate during the past year the sum of \$68,000 not only for the erection but for the complete installation of a woman's hospital for 50 patients. The building is approaching its completion and the Board of Directors will soon have the pleasure of inviting the Germans of New York to inspect the new structure, which will be a glorious memorial of noble philanthropy and at the same time a brilliant milestone in the history of the German Hospital."

This invitation, ladies and gentlemen, has been extended for this afternoon, and the brilliant audience here assembled shows the spirit in which it has been received, and proves that the close of the first quarter-century of the Dispensary means at the same time the beginning of a new era for the Hospital.

There is none among you who has not heretofore, and frequently, lent the Institutions his active support. Your presence at this celebration assures us of your interest and readiness for the future. It proves anew that the Institutions are close to the heart of the German popula-

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tion, and that—in common with the German Society, which is preparing for its centenary celebration—they are regarded as philanthropic institutions worthy of the broadest and most general support. I hardly dare express to you, or to any one of you, a word of thanks. He who bestows blessings does it not for the sake of receiving thanks, and human kindness carries its reward in the prosperity of the desired object and in the innermost consciousness of the giver. May this double blessing never fail so long as Germans still have to leave the old fatherland to seek in this our new home free air to breathe and free soil for the development of their energies. May it live, and flourish, and grow—the German Dispensary and Hospital!



## REPORT OF THE COMMITTEE TO CO- OPERATE WITH THE SOCIETY FOR THE PREVENTION OF CRUELTY TO CHILDREN

THE Committee to co-operate with the Society for the Prevention of Cruelty to Children has the honor to report that the aid offered by the President of the Society for the Prevention of Cruelty to Children to your Committee has led to very valuable results. We allude, first, to the following resolutions contained in the report of this Society's Committee on the President's Address of last year, viz.:

*Resolved*, That this Society indorses, in the fullest extent, the sentiment expressed by the President in relation to the employment of children of tender age, or immature developement, in factories and manufacturing establishments, and requests that the Committee on Legislation prepare a bill for passage by the Legislature which shall include the suggestions of the President.

According to your directions that bill was prepared, and the Committee on Legislation requested to bring it to the attention of both houses of the Legislature. For a long time, though it was handed in, nothing was done. When, however, active steps were taken, and the proper committee of the Senate, consisting of Mr. Koch and two other gentlemen, were requested to act, the interest of these Senators was at once awakened, and within a short time the bill passed the Senate. It was too late, however, for passing it through the Assembly. And thus it was lost through an oversight, or a mistake, or an inexperience on our part, in spite of the warm interest taken in it by legislators who became acquainted with the bill, and the President of the Society for the Prevention of Cruelty to Children, Mr. Elbridge T. Gerry.

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That gentleman has again exhibited his appreciation of the action of this Society, and the suggestions contained in the President's address and the report, above quoted, of the Committee, by again bringing in, some weeks ago, the bill which I have read.

The necessity of passing this bill, which is now in the hands of the Hon. Thomas L. Grady of the Senate, and Hon. Theodore Roosevelt of the Assembly, or a similar one, and the eagerness with which a number of legislators interested themselves in its behalf, leave no doubt in the minds of your Committee that it can and will be passed in this year's session by both houses, and become a law. Still, it is desirable that your private and corporate influence should be brought to bear upon the greatest possible number of legislators in its favor.

Another resolution of the Committee on the President's Address was as follows:

*Resolved*, That from the extreme contagiousness of scarlet fever and diphtheria, a contagiousness which is probably limited to a restricted area, and not conveyed to any distance atmospherically, this Society favors the absolute isolation of such cases of sickness, even in instances where every attainable luxury and comfort surrounds the patient, and expresses the urgent necessity for the erection of special hospitals for the care of the patients sick with these diseases; and, further, that from the feeble dissemination of these poisons by the atmosphere, such hospitals may be erected with safety to others, even in thickly settled parts of the city.

In accordance with this resolution, and upon the directions and authority of this Society, the matter was brought up before the Society of the County of New York, first by a paper read by the Chairman of the Committee who has the privilege of now reporting; and, secondly, by the following resolutions, signed by Drs. E. G. Janeway, D. B. St. John Roosa, Stephen Smith, Richard H. Derby, and Francis M. Weld, and adopted by the Society in its meeting of March 27th, 1882:

*Whereas*, No hospitals exist on Manhattan Island proper

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at which cases of scarlet fever, measles, and diphtheria are received for treatment, but such as are sick with these disease have to be transported at present to Blackwell's Island, and in the future will be sent to North Brothers' Island, if they, for any reason, cannot be accommodated where they reside, such a journey, to those sick with the above-mentioned diseases, being dangerous to the life and health of the invalid; therefore, be it resolved,

1. That it is the imperative duty of the proper authorities to set apart, from the lands belonging to the city, an appropriate place for the erection of a hospital or hospitals for persons sick with scarlet fever, measles, and diphtheria.

2. That this Society memorialize the Legislature to direct the Commissioners of the Sinking Fund of the City of New York to transfer to the care of the Board of Health of said city such lands situated on the river front of the East River as shall be declared by resolution of the Board of Health of said city a proper and suitable place for such hospitals, providing that the same shall be first approved in writing by the Mayor of said city.

3. That the proper authorities should appropriate sufficient funds for the erection and maintenance of such hospital or hospitals.

4. That the President of the Society, Dr. A. Jacobi, and the Chairman of the Committee on Hygiene, be appointed a Committee to urge on the parties before mentioned the speedy execution of this undertaking.

The history of the efforts of this Committee, consisting of Drs. F. R. Sturgis, E. G. Janeway, and A. Jacobi, is pleasant to report and to hear. They were energetically supported by the President and a member of the Board of Health, Prof. Chandler and Dr. Johnson, and again by the President of the Society for the Prevention of Cruelty to Children, Mr. E. T. Gerry. They had several meetings with Mayor Grace, Comptroller Campbell, the Board of Apportionment, and the Commissioners of the Sinking Fund. The first-named officials received the Committee and its message very cordially indeed, and urged the claims of both the profession and humanity, as first

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set forth in and by this Society, upon their colleagues in the proper committees. The result is that a plot of ground, of 125 by 92 feet, has been set aside for the purpose of erecting thereon a hospital or hospitals for the treatment of scarlatina and diphtheria, and that the sum of \$50,000 has been granted for that purpose. The architect of the Board of Health, Mr. Charles C. Haight, is engaged on the plans, which have to be carefully considered and matured, inasmuch as there is no model in the world to be copied or imitated. Thus, when your Committee reports progress it means more than an idle expression. This Society will be glad to learn that its desire to establish an institution for the treatment of contagious diseases is crowned with speedy success—a success which, besides other things, proves beyond a doubt that authorities and the public will allow themselves to be influenced and guided by the humane and wise efforts of those whose vocation it is to save individual lives and to protect the community at large.

It is true that the institution is not a large one. It is quite possible that forty, or at most fifty, beds will be the greatest possible capacity. But those who are convinced of its success, and such as are but willing to make the experiment, trust that this small hospital will be the first only of a number of others distributed over the whole city; that there will be similar places not only for the poor but also for the rich, and that New York will soon be imitated by the other cities of the State. As a suggestion, which requires but little expense compared with a regular hospital, the following remarks may be considered in order. The hospital, as planned, necessitates a stay of from five to six weeks for every scarlet fever patient, if isolation and the prevention of contagion are to be accomplished. As a rule, the last four weeks, or more, of these cases require but little special care, unless there be a complication with diphtheria or nephritis. An institution embracing large dormitories for a great number of children in convalescence, with a few nurses to superintend them, would allow all the space of the special hospital or hospitals to

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be reserved for the really and dangerously ill. Your Committee will not lose sight of the subject, and perhaps return to it in the future. It is possible that the attempt at establishing such convalescent hospitals for contagious diseases, which was planned in London under the auspices of Mr. Gladstone some months ago, will be followed with the success which it both promises and deserves.



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THE principles or notions of Hahnemann were as follows: The office of the physician is to remove disease. Of the latter, the symptoms only are perceptible. Internal changes cannot be recognized. They are mostly the results of allopathic treatment. To make or attend post-mortem examinations is useless. The disease is removed with the removal of the symptoms. Medicines have their symptoms, like diseases. What they can do must be studied in the healthy. The treatment of the "old school," "contraria contrariis," may remove symptoms, but they return and become incurable. The dogma of "similia similibus" is the only law of treatment. Its value and efficiency compare with "old school" medicine as day with night. Medicine produces disease. The natural disease becomes extinct by the effect of the similar and more powerful one produced by medicine. Thus the fear of the roar of cannon in the heart of the soldier is removed by the roar of drumming. Acute disease results from telluric and atmospheric influences, etc., also from latent "psora"; chronic disease, from allopathic medicines, syphilis, "condyloma disease," and "psora." The symptoms must be learned principally from the report of the patient, which must not be interrupted. The medicinal agent which is to cure a disease is that which produces, when given in sufficient dose, a disease similar to that which is to be healed. The effects of an experimental (large) dose are very numerous; they are recorded after a single dose, from the report of the person experimented upon, for days, weeks, and months. Some of the drugs have one thousand or two thousand symptoms. The effects of a medicine are either primary or secondary. The first is the one wanted. The latter must be avoided. Impairment is sometimes seen at first, the more rarely the smaller the dose. The medicine must be given but once every

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few days or weeks. But one medicine must be given at a time. When a remedy is found not to be quite appropriate after some time, another must be selected. The effect of the medicine is dynamic. The smaller the dose the greater the dynamic effect.

Shaking and diluting in a certain manner increase the effect. Only potencies are homœopathic remedies. Neither senses nor chemistry must be capable of discovering anything medicinal in the medicine to be administered. Everything is cured by homœopathy except the moribund condition, old age, and the loss of a vital part.

The *Medical News* asserts that homœopathy "has been a thorn and pitfall in the way of progress." That is in direct contradiction to the history of medical science. Homœopathy has neither aided nor obstructed the progress of medicine. It never claimed to revolutionize or teach anything but medicinal therapeutics. Its assumption that disease was something foreign to the organism (of which the latter could be delivered by some new enemy endowed with similar properties) was so contrary to the medical mind, waking up to the conception and definition of disease as a complex of symptoms depending on changed conditions, that it never had the slightest influence on the labors of the men who shaped the fate of medical science during this century. It is true that homœopathic practitioners had and have "a highly respectable and intelligent following" (P. E. Chase, on medical legislation, in the "Proceedings of the Medical Society of Kings County"), but it is not equally true that it was "deeply-seated prejudice" which has "caused the non-recognition of our homœopathic and eclectic brethren, our fellow-practitioners of different creeds." That recognition need not be "withheld" from the followers of Hahnemann; it is an impossibility on the part of sane men, and no "prejudice" against a therapeutical dogma based on Paracelsus and caprice. "Only potencies are homœopathic medicines." "I recognize nobody as my follower but him who gives medicines in such small doses as to preclude the perception of anything medicinal in

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them by means of either senses or chemistry." "The pellets may be held near the young infant when asleep." "Gliding over the patient with the hand will cure him; but the manipulation must be done with the firm intention of rendering as much good with it as possible, for its power is in the benevolent will of the manipulator." Such Hahnemannian axioms are so preposterous that nobody can think seriously of the possibility of recognizing them even for the purpose of controverting them. Indeed, then there was no need of contesting or contradicting on the part of legitimate medicine. Within very few years his own disciples turned against Hahnemann. Rau declared potentiation by dilution to be nonsense. Soon afterward Hirschel complained of the "intentional or unintentional ignorance in regard to the historical development of homœopathy, and the *changes* it had undergone *since* Hahnemann, as being causes of the prejudices it had to encounter."

The changes which have taken place are not developments. In the case of Brownianism and Broussaisism we can speak of development, for they left something tangible behind and gave rise to fertile investigations and useful results. But the development of homœopathy is a gradual return of consciousness and the dropping of revealed articles of faith, one by one. Pathology had never been taught by Hahnemann, except that disease was an entity foreign to the organism, that acute disease resulted from telluric and atmospheric and other influences, and also latent psora; and chronic disease, either from the effect of allopathic remedies, or syphilis, or "condyloma disease," or "psora." Of the rank and file of homœopaths, no outsider can have such a poor opinion as to believe that they ever bent their common sense to accept such wantonness. It would be easy to prove all this at the hands of homœopathic literature through the last five, or even six, decades. But this is not to be a history, only a sketch. What, however, has become of homœopathy is best shown by the teaching and writing of prominent homœopaths of modern times.

Says Dr. Wilde, Vice-President of the British Homœopathic Medical Society:

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"Although many believe that the action of the infinitesimal in nature can be demonstrated, its use in medicine is practically, by a large number in this country, all but abandoned."

Medical Investigator of 1876, ninth section in "Encyclopædia Britannica," twelfth volume, has the following sentence:

"How many claiming to be homœopaths are daily disregarding the law of *similia*! It is getting to be quite a rare thing to hear of a homœopathic practitioner conducting a serious case from beginning to end without using such as cathartics, sudorifics, diuretics, etc., in direct opposition to our law; not only are these drugs used in this way, but there are some also who go so far as to say that they cannot be dispensed with."

In our own city Dr. Dowling (*North American Review*, June, 1882), who calls himself a homœopath, says as follows: "Rational aids to therapeutic measures are not discarded by the homœopath. He does, indeed, exclusively follow the homœopathic law within the *field to which it is applicable*, but mechanical and chemical conditions arise requiring mechanical and chemical remedies as well as palliatives."

Thus the *similia similibus* rule is claimed by him for those cases *to which it is applicable*. It must be left to the individual observer of an individual case to decide whether this applicability has arisen. Further, Dr. Dowling, a teacher in what is called a homœopathic college, does not believe in the effect of infinitesimal doses; he uses "drugs varying from crude tinctures to very high dilutions." My belief, that he generally prefers the former to the latter, is not shaken by what he claims as his "invariable rule"—viz., "that the *smallest possible* quantity of medicine must be administered to accomplish the desired result." He discards Hahnemann, who designated all who ever availed themselves of any but infinitesimal doses as bastard homœopaths and heretics, and who insisted upon the uselessness of a medicine in which chemistry or physics could ever find the slightest trace of the original material, in the following words: "The size of the dose,

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whether it be tincture or a fractional preparation, so long as it is sufficiently *small not to produce* the physiological effect of the drug, has nothing to do with its homœopathicity." "So it be administered because it produces in the healthy similar symptoms to those evidenced in the patient, it matters not whether it be tincture or high dilution, it is homœopathy." You notice that the Hahnemannian practice is entirely disregarded. The provings of the latter were with large doses; his medical doses were the spiritualized dilutions. With Dr. Dowling the provings and the doses are equal, or nearly so. And his doses are by no means controlled by any fixed law, inasmuch as he claims that "the size will depend on individual experience and preference."

According to a newspaper (New York Times) reporter, Dr. Wm. T. Helmuth said but lately that homœopathy does not consist in the dose of medicine. You may give a bucketful to one man and a smell to another, provided you adhere to the law: *similia similibus curantur*. "But while I believe the truth of this law, I do not believe it the only way in which medicines may act. There may be a chemical way or a mechanical way, as well as a dynamical way."

Dr. John C. Minor (New York Medical Times, May, 1883) expresses himself as follows:

"Believing as I do that the formula *similia similibus curantur* forms the best general guide in the selection of remedies, I do not recognize it as a law nor follow it as an exclusive method, but exercise the right belonging to every educated physician to make practical use of any established principle in medical science, and to employ any facts in therapeutics that are founded on experiments and confirmed by experience, so far as in my judgment they may tend to promote the welfare of those under my professional care."

Dr. Maylerides ("On the Homœopathy of To-day," Berlin, 1882) says "that in spite of persecution, slander, and ridicule, homœopathy has outlived the transmutations of several medical systems." In what way homœopathy has outlived medical systems the following quotations from

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the book will illustrate. My readers will notice that it is itself which has been outlived by homœopathy. He says:

"In Hahnemann's assertions there is much speculative philosophy, and there are many dicta without actual proofs.

"*Similia similibus* is a rule, a principle in, but not, as Hahnemann says, and many with him even to-day, *the law* of therapeutics. The formula is not an appropriate one, for there is no universal therapeutical method for the sum of human sufferings.

"Hahnemann was too apodictic. He gave a bad example of fanaticism, demanded absolute faith and obedience—and changed his views very often.

"Homœopathy has not discovered the stone of the philosophers.

"In regard to the importance and meaning of the natural and inherent tendency to spontaneous recovery ('*Naturheilskraft*'), which Hahnemann did not recognize at all, we hold different opinions altogether. This much is certain, that homœopathy impedes less than other methods of treatment. The younger generation is given to more pathological thinking.

"The art of diagnosis stands highest in the estimation of homœopaths.

"Whatever is not proven by experiment or mathematics cannot claim to be recognized as a law in science.

"Physiological treatment includes tracheotomy, antiseptis, bathing; morphine, chloroform, both internally and subcutaneously.

"Matter and force have a certain relation to each other. Infinitesimal dilutions must not be recognized as justifiable. Iodide of potassium, quinia, phosphorus, and opium are not available in such dilutions. Away with mysticism, and therefore with '*potentiation*.'

"We have the '*similia similibus*' rule, but do not recognize its definition as given by Hahnemann. It is ingenious but not proven. In part it is antiquated; we are not responsible for it; his '*organon*' is no Bible. We are homœopaths, but no Hahnemannians. The *similia similibus* rule is to serve us, but we must not be its slaves."

In a presidential address before the New York Medico-

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Chirurgical Society, Dr. E. P. Fowler arrives at the following conclusions:

"1st. That, in justice to its originator, the term 'homœopathy' cannot be used in any other sense than that which he explicitly indicated; and no one has a right to demand or expect that the general profession or the public shall attach to it any other than the correct etymological meaning which its learned author himself did.

"2d. That the term 'homœopathy' does not, in any degree, contain the idea of a system for the selection of medicines; it simply contains the theorem that an existing disease must be cured by the introduction of another disease. The selection of the remedy is a corollary, and comes under another head.

"3d. That any doctrine teaching that diseases and the actions of drugs or poisons are abstract entities or non-entities belongs to the mythology or fairy tales of medical history, far away from the known facts of physiology.

"4th. That the theory contained in the term is not to any appreciable extent entertained at the present day; that it *does misrepresent* the mass of those who allow it to be used to distinguish their belief or practice; and that a proper regard for a correct appreciation of their intelligence by the public, and of honesty in themselves, demands that *the term be put away in the garret as worn-out medical furniture* which has no fitting space in the edifice of real science."

When I said that the changes which have taken place in homœopathy consisted in dropping one article of faith after another, I meant to express no reproach. I was simply stating the fact that no two decennia of homœopathy look alike. From one such period to another the homœopathic literature becomes less credulous, less apodictic, more medical. It is true that amongst the first followers of Hahnemann there were men of education and learning. Their position was justified by, and resulted from, the insufficiency of the therapeutics of the time. The incompetency of what claimed to be science in regard to the healing of the sick drove the enthusiasts to join the flag of the rebel. But in and at the same time that legitimate

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service developed, homœopathy was embraced less by medical men than by the public as a new faith, a promising sect. In Europe but few talented men, and still fewer with a name known outside their city or village, are still upholding the old flag of homœopathy, such as it was, or such as it is said to have become. In our country the case is different. Hardly known by name forty years ago, "homœopathy" has developed into a social power. Its colleges are numerous, its practitioners are counted by the thousands. But the homœopathy introduced into the United States was perhaps never, even at that time, Hahnemannism pure and unadulterated. The men who to-day claim absolute truth and validity for all of the dicta of the new prophet are surely but few. The class of men who nowadays are best known in the ranks of the homœopaths are those who are more distant from Hahnemannism than any of the rest. Their talents and studies have been too many to be imprisoned within a sect. How many of them would have been glad to renounce their sectarian name, if they had been permitted to do so, cannot be told at present. If there will be no more battle cries of "crucify!" there will be many more men who formerly had to be called homœopaths, and called themselves so by habit and coercion, who will be satisfied with the honorable name of physician.

All of those men who proclaim their independence of Hahnemannian doctrines, and discard even the name of homœopathy, are still classed as homœopathists. By whom? By us. They *have* been so; they may have been. They claim they are *no longer*. *We* claim they are. What a ridiculous position for us, not for them! All *they* want is to be let alone in their progress toward medical science; *we* tell them they are outside and there is no redemption for them. It is we who insist upon the persistence of their sectarian orthodoxy and who are doing the same we see the public doing constantly. For it is the public which is more homœopathic than their "homœopathic" doctors. The actual fact is this: that these men discard their sectarian title. The Homœopathic Medical Society of Northern New York dropped its homœopathic denomination years

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ago. Members of homœopathic associations leave them and seek admission into medical societies. The Homœopathic Medical Society of Massachusetts "demands absolute liberty in service, and requires of its applicants for membership no creed or confession of belief." The *New York Medical Times* of February, 1882, proclaims: "We are no more homœopathists and nothing more, than our opponents are allopaths and nothing more," and probably there are in New York City not twenty signs with "homœopathic physicians" inscribed on them to-day, compared with the two hundred encountered twenty years ago.

But we are told there are still homœopathists of the genuine Hahnemannian type, and that we must have laws to brand them as such. We are also told that there are doctors who, while not practising homœopathy, still call themselves by that five-syllabled name<sup>1</sup> only because the public has faith in "homœopathy" and wants to be treated infinitesimally and similia similibus, and that they are frauds and must be put down. If all that be true you have, or may have, these classes of homœopathic doctors: First, the Hahnemannians, a small number, honest in their idiocy; if you wish to treat them courteously, call them fossils. Second, frauds—those who practise on the igno-

<sup>1</sup> It is unfortunate that such men should have a reason to claim for their way of "doing business" such high authority as that of Walter Y. Cowe, M. D., who closes a paper read before the Homœopathic Medical Society of New York County, March 14th, 1883, with the following remarks: "We cannot interdict nor hinder any man, in any case, from employing any agent whose use—even if it be allopathic and routine—is to him individually less difficult of prescription, and to his mind more sure, safe, and quick, than any homœopathic prescription he then and there could make. But now, shall we deny to this man the name of homœopathist? If he believe in the homœopathic law, I do not believe we can. However often he lapse from making a homœopathic prescription, so he believe the law, and, like every one *believing*, make his honest endeavor, comparatively feeble though it may be, he is a homœopathist, and this name he may bear until the vast bulk of his profession have come to his belief."

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rance and fanaticism of the spinster persuasion.<sup>2</sup> Third, doctors who have been educated as Hahnemannians and have worked themselves out of their doctrines by study and intelligence; and those who have been or are the pupils of the latter. Certainly we do not mean to ostracize them, for the greatest joy should be ever over the sinners who return. And the other classes—the fossils and frauds?

We have raised them into the dignified place of real adversaries, from whom we deem proper to protect ourselves as if they were our equals. We have thrown up barriers between them and us, and thus given them a standing. We have insisted upon their being unscientific when experimental science was in its infancy and we had very little to boast of ourselves. We have complained they made a trade of the profession, and, by repeating this reproach again and again, we have made their trade successful. We have enlisted the sympathy of the press and public in their favor, and improved their chances of recognition by proclaiming loudly our objections to it. Thus we have both injured the professional dignity and influence and harmed the public. For it is our fault if a large part of the public went astray. Knowledge of medical matters it has none, cannot have it in the present condition of school instruction and general education. Laymen judge of medical matters with the intellectual means at their disposal—that is, business experience and “common sense,” which, when not matured by knowledge, is generally uncommon nonsense.

In order to destroy homœopathy and spoil the public's taste for it, we have commenced at the wrong end. Instead of improving ourselves we have excommunicated

<sup>2</sup> “Why homœopathy should have so much popular currency in this country as compared with the lands of its birth, or with Great Britain, is a curious question. It has been attributed to the state of medical education, but it might be found, I suspect, to be in intimate relations with another very interesting matter too delicate for me to meddle with here—namely, the potential influence in our community of the imaginative six, and its psycho-biological leaders and followers.”—OLIVER WENDELL HOLMES in *Boston Medical Journal*.

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those who threw systematic medicine overboard; and nowadays, when we meet men who in a genial and gentlemanly manner proclaim their readiness to join us, we refuse to let them do it in their own way, and insist upon their professing loudly that they have always walked in darkness and lived in perversity. We have looked in the wrong direction for improvement. We have been taught to point our Pharisee's finger at the men who, by malice, ignorance, or whim, wanted to stay behind or outside, instead of letting them severely alone and giving them time to return to their senses, and instead of minding our own affairs. Meanwhile, we in America have but little improved the methods of educating young men for the profession. Unless the standard of the general practitioner is high, neither the educated nor the uneducated classes of society will know how to distinguish him from his quack neighbor. It is not a few prominent men that are known over the States and the world, who give a status to the profession, but the thousands of general practitioners who mingle with the masses in city and country. Meanwhile, we have to admit the remarkable fact that men connected with medical schools emphatically denying the necessity of a preliminary general education, and promising the shortest possible courses of instruction before awarding diplomas, are among the main posers in behalf of the "Code of Ethics."

And what about consultations? Nobody compels you. You cannot or do not care to consult with a fossil; you do not wish to consult with a fraud, no matter on what side of the fence you find him. In fact, nobody compels you to consult with the frauds amongst the so-called regulars, who bow to the old family nurse's teething diagnosis in a case of meningitis or pneumonia, or who sustain the fashionable "malaria" diagnosis of high and low, rich and poor, and the still more fashionable "sewer-gas" etiology, in all cases of diagnosticable, but perhaps not diagnosed, cases. And why? Because it is the diagnosis and the etiology of their—what do they call them?—"patrons." You need not consult even with *them*, but you *may*, and generally you *will*. For it is considered quite legitimate to consult with all of them, even with those professedly

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ignorant. And still therapeutics has risen (as H. C. Wood so aptly expresses it) "from the position of an empirical art to the dignity of applied science" in our times. For the past we are not responsible, and rejoice in the fact of being able to resort to the results of experimental therapeutics in the treatment of the sick, willing to admit that the individual may be ignorant; not ready, however, to join with A. T. Speer, of Ohio, who even, in a presidential address delivered but lately, claims to be "almost as ignorant of the action of medicine upon disease as we were one hundred years ago."

We are told we must continue to fight windmills. There is no adversary left, but we are told to fight on. By fighting where there were no enemies we succeeded in making them. We are also told that laws of forty years ago are to be our laws, because our dead fathers—some of whom are, however, still living—thought them good at that period.

We, the citizens of the State and country, send our delegates to Albany and Washington every year for the express purpose of giving new laws and mending and abolishing old ones, and when, by some ludicrous mistake, an old penal code was lately fastened upon the land, ridicule and disgust rendered it ineffectual within a single fortnight. But the physicians of city and county are advised that changed times and circumstances do not change the necessities of the professional man. He is expected to live in the code and coat fashionable and proper when he was born.

## THE HISTORICAL DEVELOPMENT OF MODERN NURSING

NURSING is as old as the human species. Even among animals, such as they are at present, we find occasional sympathy with fellow-suffering, and meet with efforts for the purpose of relief. We cannot imagine that human beings, in ever so remote prehistoric times, should have lived together, or near each other, without mutual attempts at relief when suffering or sick. But this is presumption only, not history. No book, no tradition refers to facts in regard to the subject until the times of ancient Hellas and its successor in civilization, ancient Rome. Antiquity yields but few proofs of systematic nursing. It is true, hospitality was the pre-eminent virtue of the Greek. The stranger was always welcome; if he was sick, he was twice so. In all Hellas poor sick citizens found ready admission to, and nursing in, the houses of the rich. It may be that the facility of finding private relief on the part of the sick was one of the causes why no systematic and collective efforts for the purpose of attending and nursing the sick were ever made to any extent. That such was the case there can be little doubt; for the temples of Æsculapius and the adjoining residences of the physicians were probably not hospitals, but temporary domiciles for those who congregated in large numbers around the homes of the gods. Of the same nature was the edifice erected by Antoninus Pius near the temple of the Epidaurian Æsculapius. In Italy, also, the temple of Æsculapius, on the island in the Tiber between Rome and the outlet of the river, was never of much importance as a hospital or sanitarium. The only real hospitals at all comparable with institutions such as we have, existed in favor of human property and for the benefit of soldiers. According to the testimony of Columella, Serreca, and Cel-

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sus, the Romans had hospitals for slaves, warriors, and gladiators. In Greece, also, as early as the period of Solon, those injured on the battlefield were attended and nursed at the expense of the community. Of the great Cæsar it is well known that he had a regular medical service in his armies.

There is a word in the ancient Greek which has given rise to the belief that Hellas may have had hospitals. But, as no facts and reports sustain that supposition, it is probable that *ιατρείον* meant a medical office, a polyclinic perhaps, but not a hospital. Real hospitals were not built by either Greek, Roman, or Hebrew. The commonwealth of the latter was hierarchic and intolerant. The stranger—though he who was permitted to live in Judæa was to be treated like a member of the community—was to be exterminated, and must not be spared. Thus, while there were no proofs of the existence of hospitals for the friend, a painstaking care in favor of the stranger was out of the question.

Antiquity, however, is not without its humane culture. The reconciling feature in that immense picture of indifference and thoughtlessness is found in Buddhism. We have the reliable report of a genuine hospital founded by a king in Ceylon in the fifth century B.C. One of his successors in the second century B.C. is credited with eighteen hospitals under regular medical superintendence. In the East Indies hospitals are mentioned in the third century. Nor have other civilizations been slow in outgrowing the humane exertions of Hellas, Rome, and Palestine, for Prescott tells us that there were hospitals in Mexico before the Christian Spaniards introduced the blessings of torture, inquisition, and extermination. And when finally the Christians, in the second century after Christ, bethought themselves of the poor and sick and established hospitals, the largest and most effective ones were founded in Asia Minor and Persia, where Buddhism had prepared both means and public opinion—Buddhism, under whose beneficent rules aiding the poor and nursing the sick were two of the religious duties of kings and princes. Nor has Christianity the claim of having the first *large* hospitals.

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The Arabs had many good and large hospitals about 1200. Cordova, in Spain, sustained fifty within its own walls.

The first information in regard to Christian hospitals dates back to the second century; other reports go back as far as the fourth, and a few others to the sixth century. In most cases the establishments were not exactly hospitals, but stopping places and dormitories for pilgrims on their way to Rome. To what extent such institutions were necessities is best proved by the order of the so-called "Bridgemakers" (*Hospitaliers Pontifes*), whose original vocation it was to protect pilgrims from the robberies and rapacity of the ferrymen on the large rivers. They existed a long time, became rich and degenerated, and were finally dissolved in 1672 by Louis XIV.

The hierarchic character of the institutions calculated to benefit the poor remained intact until the period of the Crusade wars. At that time Italian and German merchants initiated the great combinations of the several orders of the Hospital Brothers.

Their efforts were not isolated or altogether premature. For there existed a humanistic movement among the better classes of the Occident, on a Christian basis, it is true, but spontaneous. Particularly in the cities societies were formed for the purpose of nursing the sick and aiding the forlorn. Guy of Montpellier, France, established a hospital in that city, of larger size, while up to that time all the institutions of a similar character were small and unavailing, and located outside the walls. The new hospital in Montpellier, and seven more French houses, and two under the same direction in Rome, are first mentioned in a bull of Pope Innocent III. in the year 1198. The secular character of the institutions was at that time fully recognized. In connecting four clergymen with them he commanded that they were to attend to spiritual duties only ("*sine contradictione et murmuratione*"), and not to interfere with the office of the superiors. In 1204 the same pope recognized the newly established Hospital of the Holy Ghost, on the old Tiber bridge, in Rome. With the peculiar mixture of ferocity and mildness so common

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to the mediæval age, the same man who humiliated emperors, dethroned kings, and persecuted the French heretics with fire and sword to extermination, looked for the helpless and sick in the streets and saved illegitimate babies from their watery graves. Guy de Montpellier's creation, the order of the Holy Ghost, did not remain long in its original condition. Pope Gregory X. (1271-76) subjected all the houses belonging to the order to the one located in Rome, the first step in the attempt at depriving the order and its hospitals of their secular supervision. It was finally disposed of by the bull of Pope Sixtus IV., of the 21st of March, 1477. Meanwhile and afterward the order spread over all Europe. With its increasing wealth and power it degenerated in the seventeenth century. Though clerical by name, it was the most secular of all the institutions of dissipation. Grandmaster and officers lived on the fat of the land and their immense income. In vain Louis XIV. attempted to abolish it. The only change French royalty could work was its transmutation into a royal order. In some of the provinces laymen had succeeded, however, in controlling the management. Thus it was in many parts of Germany, where, between 1400 and 1600, several of the institutions belonging to the order were secularized. In Italy, however, the order of the Holy Ghost remained exclusively clerical. As late as in the beginning of the eighteenth century it had great possessions in Europe and the West Indies.

The order of St. Elizabeth was founded in 1225 by Elizabeth, daughter of Andrew II. of Hungary, and wife of Landgrave Ludwig of Thuringia. Women need not complain that domestic virtues do not warm more than their own home, and do not immortally challenge the admiration of posterity. Her name will never die, when many a great warrior's memory will be buried out of sight. She founded two hospitals in Eisenach, and another in Marburg, into which the twenty-two-year-old widow retired. The rule was to nurse female sick only. But when Francis Joseph and Windischgrätz (*par nobile fratrum*) let loose their Croats over unhappy Vienna in

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our own times in 1848, the Sisters of St. Elizabeth were in the front ranks, bringing aid and comfort.

In 1171 the orders of St. Protais and St. Gervais were founded in France; about the same time the houses in Roncesvalles and Burgos. In 1409 José Gilaberto established an order in Valencia for the special purpose of nursing the lunatic.

Those I have mentioned, with several others, were orders founded by the Church, or whose supervision soon became clerical. Those which, though all of them were anxious to submit to the Church for spiritual reasons, succeeded in retaining their autonomy must be credited with more real success in accomplishing their ends. Among the first we have any information of is the order of St. Catherine. Its members nursed poor and strange women and girls three days, and buried those who died in prisons or in the streets. In those good old times to which many dissatisfied hearts of to-day look back with longing eyes, those good olden times with their innocence, simplicity, and piety, this dying in the street was of common occurrence, and the Sisters of St. Catherine had plenty of work. We have not only accumulated seven more centuries, but gained more safety, more comfort, and more confidence in the future of mankind.

In the Hôtel-Dieu, the immense Paris hospital, thirty-eight men and thirty-eight women served as nurses. The places were, in later centuries, filled by Sisters of Mercy.

The Brothers of Mercy were founded in 1534 by Juan di Dios (John of God) in Granada. They were laymen, entered the order at between eighteen and thirty-one years of age, and nursed the sick of every faith and creed. Within a hundred years they possessed 18 hospitals, and there was a time when in Spain and the West Indies they had 138 hospitals with 4,140 beds, and 47,000 sick annually, and in the rest of Europe 155 hospitals, 7,210 beds, and 150,000 sick. Twenty-five years ago they had in Austria alone, 29 hospitals, with 20,000 patients.

Of similar character were the Obregons, founded about 1600, with their complicated duties of nursing the sick, praying, and repenting. This multitude of duties must

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have crippled their efficiency; they cannot compare with the Brothers of Mercy.

The "Bons Fils" (Good Boys) were founded in Flanders in 1615. They were tradesmen, with the duties of nursing the sick, mainly the alienated, in their homes, and giving elementary instruction.

The Confraternita della Perseveranza was established in Rome in 1663, for the purpose of caring for the strangers in the taverns.

The order of the Sisters of Mercy was founded in 1617 by Vincent de Paul, a preacher. In a sermon he placed before his congregation the case of a poor and sick family, urging their co-operation and sympathy. Enthusiasm and much zeal were aroused, and a noble and gifted woman, Louise de Marillac, the wife of Legras, the secretary of Mary de Médicis, enlisted herself at once in the service of that family and of many equally indigent. She and her friends worked both in private residences and in hospitals, and were soon recognized as an order. As early as 1636 a house was founded for the care and education of children and women, a foundling hospital was established, and a home for the alienated in 1645. Her order owned, after a single century, two hundred and ninety stations and had fifteen hundred members, who entered between the ages of eighteen and twenty-four, bound themselves for life to the order and the Church, and worked in hospitals and private residences, in the interest of both women and men, in rescuing fallen girls and educating the young. In Rome, mainly in this century, they assisted those taken with infectious and acute diseases who could not be admitted to the public hospitals, and everywhere they attended the chronic cases of sickness of all denominations. Their foothold in Germany dates from this century only. Their greatest adversity was the all-purifying thunderstorm, the French Revolution. Many emigrated to England, but during the Napoleonic wars their services were so much appreciated as to procure for Sister Martha the cross of the Legion of Honor.

All of the orders mentioned were composed of Catholics. Not one of them but was intimately associated with

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the Church. In this connection it ought not to be forgotten that all the culture and knowledge of the mediæval period was confined within the limits of the Church. Within its fold the whole progress of mankind, slow though it was, toward humanistic evolution was developed. Thus the efforts of the Catholic Church in favor of the poor and sick must be duly appreciated, the more so as the so-called "Reformation" party exhibits nothing but blank leaves in the history of ethical and humane development. The revolutionary movement prepared by powerful minds for centuries, and finally carried out by Luther, did not result in any good to the sick and poor for a long time. Indeed, the success of the Reformation was in part due to the greed of German princes, who gained a rich harvest by appropriating monasteries, hospitals, and all other possessions of the Catholic Church. Thus the Lutheran Church, or churches, were left so poor that if they *had* the will they had not the *power* to make any pecuniary sacrifices in the interest of the poor and sick. But *even that will* they had not, could not have. For the first axiom in Luther's doctrine was this, that *not work performed, but faith only*, made the Christian. That doctrine was a long stride backward; it fired the imagination of some bigots, chilled the hearts of most men, sustained the egotist, and created dissensions. Never was there a greater failure. The poetry of the Church gone, its efficiency gone, that was the "reformation." Not until some decades ago did we know of Protestant unions established on the plan of their Catholic predecessors. But the *male* orders never tried to imitate the useful example of the Catholics. *They* did not care for the sick or the poor. *Their aim* was and is "home mission." *They* are replete with faith, distribute Bibles, and glory in the conversion of that Jew who was baptized, once or often, half a dozen years ago for ready cash. The women, as always, have done better. Their hospital orders, mainly the Deaconesses, have done good work this half-century, both in public institutions and in private. During the war times in Germany they and other associations established on similar plans did good work and deserve all the praise

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bestowed upon them. Their recognition was complete. Princesses joined hands with them—the Archduchess of Baderr, Princess Alice of Darmstadt, the Empress Augusta. And not only in military hospitals did they earn deserved praise. Some general hospitals, such as the Augusta Hospital in Berlin, derive great benefit from their incessant and intelligent labors. I do not mean to stint praise, and, therefore, make this statement of their work, which has been performed under apparently great difficulties. These difficulties are the very rules, for instance, of the Deaconess of Kaiserwerth, from which I quote for your edification the following introductory paragraph:

“The Christian women who wish to undertake the office of a nursing sister, as deaconess for the sick and poor, must possess a somewhat advanced Christian knowledge. Mere church membership, mere attendance on Christian assemblies and reading of Christian works of edification, are not enough. The love of reading the word of God, and a diligent use of the same for a long time past, must exist, as well as a knowledge of the more important histories of the Old and New Testaments. There must also be a knowledge of the sinful heart from their own personal experience, as well as experience of the grace of Christ, in order that they may have learned to despair of themselves, and in their weakness to trust only to the strength of Christ. A Christian walk of life must for a long time have adorned such Christian women,” and so on, and so on. You will admit that in the face of so much hyper-religious sentiment an active, unselfish modern woman must feel bewildered.

After all I have said it is evident that the cause of humanity was originally not hampered by the efforts of the Catholic Church. On the contrary, many centuries ago it was the only safe deposit, inasmuch as the Arabs lost their importance in humanistic evolution from the fourteenth century for the gradual development of the human feeling. But that human feeling was not fostered and protected because it was human; the Church had but one pupose—the aggrandizement of the Church. The latter has a meaning in the case of the Catholic Church,

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which is at least a union and has a uniform standard, which Protestantism never had and never can have. The latter has, in its imitation of the ways and words of the mediæval rules of Catholic orders, proved one truth, and I emphasize that because here is the great difference between church nursing and modern nursing. "Clerical care of the sick is destined, under the rules, to serve the Church, whatever that may mean, while serving the sick; the main duties and aims in view are ecclesiastical, and not humane, and, instead of a nurse solely given to the performance of her duties, you deal with ecclesiastical officers" (Virchow). And the necessity is clear that whatever organization is deemed advisable in the interest of the sick, that organization ought to be in our times *un-ecclesiastical* and *unsectarian*. I have alluded to the fact that whatever medical knowledge existed in the masses centuries ago did so through the medium of the clergy. That knowledge was but trifling, for the ancient medicine of the Greeks and the more recent labors of the Arabs were sealed books at that time. But then the clergyman was the doctor. Instead of being so at present, we are daily met with the fact that the exact tendency of modern medicine is an unknown territory to the clergy, and that among them the upholders of all sorts of doubtful practices find their most sincere supporters. Medicine is to them a matter of faith, not science. It is not necessary to refer to that Brooklyn impostor whose criminal career has been detailed but lately in the secular press. For no church and no denomination must be held responsible for his methods of fleecing the ignorant and credulous. But the instances where actual clergymen assume responsibilities beyond their clerical powers and duties are also very numerous, and the protection by the Church of a regular monk in a Jersey monastery, who, in the church of his own institution, plies his nefarious trade of laying on hands and exorcising the devils of disease for cash, these ten years, proves to what extent faith can be abused and the essence of religion distorted. We still live in a time when mediæval ignorance and modern enlightenment appear to find resting places side by side. That the latter

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is getting the upper hand, after all, this sketch will prove, I hope, for even the mediæval organizations in the interest of the poor and sick, which I was anxious to estimate at their full value, have finally failed ignominiously. Almost every large society of the kind would degenerate in the end. The uniform report concerning most of them, mainly the male orders, is this, that with increasing power and wealth the original unselfishness of the founder disappeared, the actual work was left to low servants, the wealth of the community was accumulated in the Church. Thus it was that every great calamity sweeping over the lands was a source of riches to the Church. Never was divine blessing more visible in the Church than when half the population of Europe succumbed under the destruction of the "black death." Never was more business shrewdness developed by "fathers" and "brothers" than when a patient sick with leprosy—much less contagious than was made out by those who had an interest in exaggerating its dangers—had to give up half his property before being permitted to bury himself for life in the out-of-town places provided by the Church. The omnivorous taste and good digestion of the Church have become proverbial.

The majority of the clerical associations having failed, the seventeenth, and still more the eighteenth, centuries were far behind former periods in regard to systematic nursing. It has taken a long time between the church institutions, which no longer came up to the intentions of their founders, and the spontaneous efforts of free men and women who felt the necessity of appropriate efforts on a different basis. The history of this slow evolution is very interesting; it is the co-ordinate of the history of a healthy and wholesome individualism in general after long indifference and chaos.

Schools for training nurses were established in Germany fifty years ago; in Berlin by Dieffenbach, Kluge, and Gedike, and in Göttingen by Ruhstaat. Books to serve the purpose of instructing nurses and the public in general have been written by numerous men and women, some of them, particularly in our days, by celebrities.

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Gedike himself published a work, fifty years ago, which is a very readable one even now. Passing by Nightingale, who has proved how to become immortal without enjoying high office, or playing on cannon, or tyrannizing rations, or being borne on a throne, let me allude to but a few illustrious names: Nothnagel, who wrote on the nursing of those sick with nerve diseases; Billroth, who published a book on nursing in general; Esmarch, who taught the first-aid emergencies; and the greatest of the many great men of the century, Virchow, with his many contributions to the literature of the subject, and mainly, in 1869, with a lecture "On the Instruction of Women in Caring for the Sick Outside the Existing Ecclesiastical Organizations."

This instruction of women in caring for the sick, and the relation of women to nursing as a profession, can be considered from two distinct points of view: first, in its influence upon them; second, in its effect upon the public.

The first consideration is a very important one. The opposition to women stepping out of their sphere, which was meant to be cooking and washing, knitting and darning, begging alms and taking a daily whipping, also getting married and raising a family, has been overcome by common sense and habit. Common sense ceased to understand why or how every woman could or should cook and wash, knit and darn, beg alms, or get whipped or married. And habits are formed and reformed with such rapidity that opposition becomes changed into favor in a few years. It is but little more than a dozen years since women physicians were recognized by the profession; not over half a dozen years since you heard of women lawyers. The female part, and, for that matter, the male part of my audience also, are sorry they heard so much of a woman lawyer in a Western town. At all events, the opposition to the attempt at widening woman's sphere, or spheres, has ceased, and the recognition of the principles of equal rights, no matter for what color or sex or previous servitude, is all but universal.

You will not care to go into the question now whether law or medicine will ever be resorted to by women to any

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great extent. The entire liberty given them has proved already, will prove more in future, that neither law nor medicine is an appropriate vocation for any but an exceptional class of women, and that the opposition to women practitioners of law and medicine will come less from the professions than from the public. For the public will never admit that a person in the practice of a profession should not give his or her entire attention and strength to it, and the women of the country will never admit that the superintendence of a home and the proper raising of a family are not sufficient employments of all the time and all the powers of the most gifted woman. The amateurs are losing ground. Thus it is that the professions will never be overrun, and the fear of undue competition has long died out, even among the most chicken-hearted braves of the professions. But the question is not how many women will avail themselves of the opportunities granted, but whether they are to have those opportunities, and whether these are to be given the women of all walks of life, of all standards of intellect. And the question has generally been answered affirmatively, to such an extent that it is considered self-understood that, while the mediæval ages attempted to help them as much as possible, modern times prefer to give them the power to help themselves. In regard to nursing, attention was called early to the unmarried and poor among the women. The statistics of Berlin of the year 1872 proved that every third woman had to provide for herself. It was remarked with surprise that, of 407 such helpless and breadless creatures, but a single one went into nursing as a business. In other Continental cities it was still worse. In Vienna the shiftlessness of women was still greater; misery and poverty reigned supreme, as must be expected when you learn that a woman who took the making of her own clothing, even *with the aid* of a professional seamstress, into her own hands, was punishable under the law.

The proportion of but one nurse to 407 women who had to work for a living is remarkable, it is true. For are not nursing and caring and attending implanted in woman's nature? What is the reason that so few went

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into nursing as a business, if not a vocation? Probably because the women felt, or the public made them feel, that without careful preparation no nurse, or *soi-disant* nurse, can be efficient. We have still the remnants—I fear numerous ones—of that self-made class of nurses among us. In my own recollection of far-away years I remember a great many; and a great many, I was told but lately, remember me also, perhaps too well. Some of you may have seen them—in other people's houses—wrinkled prematurely, thinned out by temper, contrary by nature, or for the most part fattened in the course of their (to them) useful career, complacent and drowsy while everything was going well, incompetent and snappish when danger required work and sufficiency, always ready to have their regular meals served upstairs by the help of the house, who breathe freely when they finally left, and always willing to spend their time between rocking a baby, speaking of their long experience, sleeping ten hours, talking gossip all day long, and drinking eleven cups of coffee in the twenty-four hours. This is hardly an exaggeration, for the number of women who took up nursing as a business, driven to it by some natural disposition, gifted with some intellect, modest and willing to profit by superior knowledge and experience, interested in the welfare of their patients, and never stunted in their human feelings by the force of habit, was rather small. But I am glad to say I knew such, too. I gladly shook their hands when I happened to meet them on a common errand, gladly recognizing the diploma they carried in their brains and hearts. But these exceptions proved the rule, and the rule conveyed no blessing. It was, it is, a sad fact that nursing all over the world grew worse in just the same time when medical science grew more exact and medical practice more effective.

Relief in this city came none too soon. The president has detailed to you the history of the training schools of New York. Since their time the practice in hospitals and in private dwellings has changed wonderfully. After thirty years' work in the city, after twenty-five years' constant labor in public institutions, I ought to know the

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difference. And I do know and publicly proclaim that the results of the best physicians have vastly improved since their cases have been in the hands of trained nurses. This is so in private dwellings; it is the same in hospitals. In the hospitals the difference can be measured on a large scale. In them the trained nurse has worked a vast improvement.

Every large hospital ought to perform a double duty. It must give the poor patient, and many rich also, the best possible chance of recovery from sickness. It can afford to accomplish that because of its pecuniary and intellectual means. Though a hospital be poor, there ought to be, there generally are, means enough to fill all the necessities required. And the intellectual means are expected to be, are supposed to be, above the average of the general practitioner. There are a great many reasons why that should be so, why hospital places should be open for the competition of the best material among the medical profession, recognized to *be* the best by the medical profession *itself*, and why family and personal influence should not fill places which are better not filled at all than with indifferent or bad material. A hospital must also grant the best possible nursing—interested, wakeful, careful. All this is due to the single patients.

A good deal more, however, is due to the public at large. A hospital looking for the interest of the single patient only might just as well be a private institution, a *maison de santé* for the benefit of a landlord. The benefit derived from hospital treatment by a sick person is not all the satisfaction due to a public who pay four hundred dollars a year for every bed. Nor are the public paid sufficiently for their sacrifices by the accumulated experiences of a few physicians, who enjoy the large field of observation and the opportunity of utilizing it for the benefit of private patients. Every hospital which neglects to increase the stock of medical knowledge, and to give an opportunity of learning the theory and practice of nursing and caring for the sick, performs its duties but half, and serves the public but incompletely. Every large hospital must be, and will be, a clinical school and a school

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for nurses. It will be acknowledged that, as the presence of a nurse in a sick-ward, who is sent there to learn, is considered unobjectionable, the presence of a few physicians observing a case, which cannot be injured by their so doing, is not only not injurious, but ought to be demanded by the public, who have a right to expect a physician in their own families who has seen and knows and understands what he is called in to treat. I do not see why hospital patients only should have the best that money and service can afford, and why the public at large should have to fall back in many cases on untried skill. Thus the people have a right to demand that every large hospital should have a clinical school and a training school for nurses. The public, who are willing to pay for it, may also demand that expenses of the same, particularly the nurses' school, should be borne by the hospital. This demand, if considered theoretical only, must stand as long as a hospital is, or claims to be, a public institution. When the board of directors of any institution will recognize that they are not the administrators of the dollars of a small concern, but the benefactors of the public at large, they will also appreciate not only that a few disinterested ladies will open their pocketbooks and collect voluntary contributions, but that a generous public will pay more willingly and more largely.

The demand that a large hospital should be a clinical school and a school for nurses, and that the expense should or might be borne by the institution, is not valid in the case of city or commonwealth hospitals only. Most of the hospitals of the country are originally private institutions. They obtain the character of being public affairs when an always increasing number of men and women become interested in and contributors to them. An institution with one or two thousand paying members represents ten or twenty thousand families—in fact, represents a city. And what it represents, of that it assumes the rights and duties. And the main duty which the public at large will soon know how to enforce from the directors of every large hospital, is to administer the public domain to the greatest possible advantage for the greatest

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possible number. The selfishness of an individual adversary, the animosity of evil-spirited persons, will never weigh, ought never to weigh, against the public good; the latter only is the object of those who are placed in trust of money, institutions, and the public welfare, because of their actual or supposed public-spiritedness and superior intellect.

Is it necessary to detail the advantages of the services of a trained nurse over those of an untrained one? The latter class, as a rule, bring to their work no previous education, no theoretical schooling, no technical experience. They come mostly from inferior walks of life, with less intellectual power and less moral force. Only those who come from better stock, and raise themselves to higher ambitions, will spend money and two years of their lives for the purpose of learning, both theoretically and practically, the art of relieving the sick, aiding their comfort, taking responsibilities which sometimes are as difficult as they are life-saving, and obeying orders with intelligence and understanding. That such persons are valuable additions to our hygienic facilities and sanitary progress everybody can conceive. That without them many a case would not recover, in spite of the most competent medical skill, all of you may have experienced. I, for one, know from personal experience that many a case can be, has been saved, first, by the medical orders; secondly, and oftener mostly, by the execution of the orders, such an execution as is rendered possible by combined knowledge and skill only. If I say that we practitioners have commenced to feel safe in regard to many of our cases only since we could rely on the co-operation of a trained nurse, I express but a common observation. I trust that there are households within hearing which know how to appreciate the services rendered them by a trained nurse.

So much only in regard to individual cases. But the service to the public at large hitherto rendered, and constantly increasing, is of a different and still more important nature. Who is nowadays the teacher of the public at large in sanitary matters, in hygienic rules? The

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knowledge of the Church, when *it* nursed, was faith, and, let us add, in its best times, love. The knowledge of uneducated women was, and is, ignorance driven to actual or alleged work by starvation. The knowledge of a trained nurse is the result of a two years' study under competent teachers and a constant practice. Who in the community is her superior in the knowledge of the facts mostly necessary for the health and life of your children, and dear ones in general? The clergyman is no longer the teacher of the mysteries of life and common sense. The schoolmaster or schoolmistress knows about the classics, geography, and arithmetic, but no normal school ever taught them the elements of applied physiology. The educated member of any profession except the medical has not the slightest idea of the necessities of the body, the action of food, the effect of clothing, and the hundred facts required by different ages, conditions, and states of health. With the exception of the physician, whose advice is frequently sought only to repair the effects of ignorance, the only teacher the public have, and will have, is the *trained nurse*. Ten or twenty families may enjoy her presence annually, ten or twenty mothers will learn simple and important truths, knowledge will increase, and prevention of disease will become a possibility. Enjoyable and useful as the service of a trained nurse is in an individual case of sickness, her services to the community are very much greater by virtue of her theoretical and practical teaching. May I tell you what a good trained nurse may teach, and can teach? How to recognize a fever, how to compare the local temperatures of the several parts of the body, and how to equalize them; she knows that ever so many feeble children might have been saved if but the feet and legs had not been allowed to get cold; how to bathe, when, and when to stop; how to regulate the position of the head—I remember quite well the case of inflammatory delirium which would always be relieved by propping up the head; how to treat intelligently an attack of fainting; how to render cow's milk digestible by repeated boiling, or lime water, or table salt, or farinaceous admixtures; how to feed in case of diarrhœa; how to refuse

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food in case of vomiting; how to apply and when to remove cold to the head; how to ventilate a room without a draught; and a thousand other things. She will also use her knowledge and influence in weaning the public of nostrums, concerning which hardly anything is known except what you have to pay for the promises of the label. She will break the public of the indiscriminate use of quinia, with its dangers possibly for life; cure you of the tendency of making the diagnosis of malaria the scapegoat of every unfinished or impossible diagnosis; she will teach you that the frequent and reckless domestic use of chlorate of potassium leads to many a case of ailment, to chronic poisoning, possibly in the shape of Bright's disease, or to acute poisoning with unavoidable death. These are but very few of the things she can do, and but a little of the knowledge she cannot but distribute. With the aid of the class of women who frequent our training schools, the public at large must and will gain in a short time. Let the number of the schools increase, and increase the number of pupils, and every one of them will be a teacher and an apostle of sound information on sanitary and hygienic subjects. And let nobody leave this place to-night without intending to aid an institution as helpful as this.

Will the pupils come? Certainly they will. There is an increasing demand for their services. Many times had I to wait a day or two before any of the schools could accommodate me. There is no fear that there ever will be too many good nurses. There is no fear, either, that many persons of inferior intelligence and morals will present themselves for, or obtain admission to, a school. By attending the suffering, it is true, many a crude or brutal nature is ennobled; but I should not advise to run the risk of admitting that class at the expense of the sick, or of a rising and beneficent profession. The occasional specimens of cold-hearted and arrogant persons one is apt to meet, even among trained nurses, must discourage the admission of any but the very best. These *will* apply. The calling is an honorable one, it promises a competence, it corresponds with the innermost nature of woman. It

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is not true that the Church alone could raise the enthusiasm for hard work, the performance of arduous duties, and self-sacrifice. One of the first nurses I had in my division in Bellevue Hospital, many years ago, was an accomplished girl, the daughter of a rich man in the far West. After a year and a half it took all the influence and begging of her family to take her away from us and her hard work among the poorest of the poor. The large number of ladies, wealthy and accomplished, who work assiduously and regularly under Felix Adler and in other places, under our very eyes, prove that the very best class of society can be prevailed upon to do the hardest and most beneficent kind of work. And the fact that the *élite* of the women of the city are willing and anxious to undertake the arduous task of founding and supporting training schools, in the face of all sorts of difficulties, proves also that the work is in accordance with the requirements of both woman's nature and humanity. There will be many trained nurses who will work for humanity's sake, as centuries ago they claimed to serve God's sake. Many a woman who would have buried herself in a monastery centuries ago, driven from the face of the living earth by misunderstood and unsatisfied longing, I believe would nowadays become a nurse, knowing and enthusiastic.

Ladies of the graduating class: The remarks I was expected to make have extended into a lecture. You have been used to lectures, however; if you had not enjoyed them and profited by them, you would not be here to-night, the most honored and most conspicuous of this assembly. Thus I thought I might be permitted to speak, instead of to you, of you and your chosen calling and its history. From nothing can any profession derive so much advantage as from the history of its development. It is certainly an interesting spectacle to see how your profession depended intimately on the changing conditions of thought and feeling among mankind. You are happy enough to live and work in a time when, while following individual tastes and having individual motives, your labors are given to the suffering for no outside reason, no church command, but from the free choice of free

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women in the interest of humanity. I had also to allude to several subjects which may to some appear a little outside the legitimate domain of your ambition and duties. You know better. An intelligent woman will not spend two of her young years in acquiring a certain knowledge without enlarging her horizon in general. You have chosen a profession as noble and as deserving as any there is in existence. You will be the interpreters and right hands of the physician, and the connecting link between the physician and not only the single patient, but also the public at large. My opinion of the services you can render is high, but I trust not exaggerated. When your numbers will increase and the character of those who are admitted remain of the same standard, your importance will grow. In your hands will, to a great extent, lie the opportunity for removing prejudices, spreading knowledge, healing and preventing disease. Even those of you who will not always consent to serve in *other* people's homes, will, by example and by teaching, remain in close alliance and co-operation with such as intend to remain in the ranks forever. As you now mean to leave us, endowed with the certificate of the required accomplishments, I can only add, while offering my best wishes for your future, that I trust you will never forget the place which gave you so ample opportunities for perfecting yourselves. You will never forget the gentlemen who taught you, nor that accomplished young woman who impressed all of you with the fact that the charms of womanhood will not suffer from hard work, from a classical education, and thorough medical or other knowledge. Do not forget, also, at the beginning of your independent career, the ladies to whose care and sacrifices and labors you owe the existence of the school which sends you forth as its first graduates, nor the great charitable institution which, after having given you your practical training, honors you to-night by the presence of many of its officers, and designates its president to deliver to you your diplomas.

## ADDRESS AT INAUGURATION OF THE NEW GERMAN DISPENSARY

MR. OTTENDORFER, Mr. President, Gentlemen of the Board of Directors, honored audience, and colleagues:

Hospitality was one of the characteristics of the classic age. To the ancient Greeks the stranger was always welcome, doubly welcome when ill. The poor and indigent clansman was willingly received into the houses of the wealthy. Hence collective and systematic care of the sick was not practiced in ancient Greece. Only those wounded on the field of battle were given care and treatment at public expense, even at the time of Solon. Nor did the Romans have public hospitals for their citizens. But, according to Columella, Seneca and Celsus, there were hospitals for slaves, soldiers and gladiators. And an organized medical service existed in the armies of Cæsar.

The Hebrews had rules and regulations for the rich who were charged with the care of the poor and the sick, but there were no hospitals that could be compared to our present-day hospitals or dispensaries. Only the adherents of Buddha, whose teaching made the care of the sick the holiest duty of princes and kings, built hospitals at an early period. A king in the island of Ceylon built a hospital in the fifth century before Christ. One of his descendants in the second century organized eighteen, with regular medical service. Such institutions are mentioned as existing in the East Indies as early as the third century before Christ. It was only in the second century of our era that the Christians built hospitals in Asia Minor and Persia, the need for them having been awakened by the Buddhist inhabitants. Reports have come down to us of such establishments in the fourth and sixth centuries, but it is probable that most of them were not hospitals in the proper sense, but hospices, places of recuperation, for

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pilgrims on their way to Rome. The largest and best hospitals were found among the Arabs at about the year 1200. Cordova alone is reported to have had fifty. And other civilized countries possessed them; Prescott tells us that the Mexicans had hospitals at the time when the Spaniards brought the inquisition and torture into their country.

During the later Middle Ages, especially after the time of the Crusades, the care of the sick assumed considerable dimensions among the Christians. The numerous orders practicing it were in part religious and in part lay. The so-called "hospital brothers," a federation of lay associations, were founded by Italian and German merchants. But not all associations of this kind practiced nursing in hospitals; there were those who looked up the sick in their homes, who buried the many who died in the streets, and who cared for foundlings. But they were all affiliated with religious orders, or fell under the suzerainty of the church, where they did not degenerate by reason of their wealth, and succumb to luxurious living and depraved morals. These two changes, and the fact that the Reformation turned the wealth of the church into the outstretched hands of the German princes who were fast accepting Protestantism, undermined to a considerable extent the original purpose of the nursing orders. And what the Reformation did not absorb, was devoured by the wars. In addition they destroyed completely even the slight respect which existed at that period for human life.

As a matter of fact, the only organization for the care of the sick at that time, of which we have knowledge, was the hospital institution. There is no evidence of any nursing of the sick in their homes, of ambulant or polyclinic care or treatment outside of hospitals. Not until the year 1559—so Sadtler reports in his *History of Württemberg*—the wife of Duke Christopher established in her castle at Stuttgart a pharmacy from which the poor drew their medicaments without charge. A similar report is made by Letzner (1596) regarding the wife of Phillip II von Grubenhagen, a princess of Brunswick, in 1560; and by Spittler regarding the Duchess of Brunswick in the year

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1568 and regarding the Saxon princess Anna of Dresden (a Danish princess) in 1581. This institution was renewed in the year 1609 by Hedwig, the wife of Christian II. It is furthermore known that occasionally the convents gave medicines to the sick and poor—an almost identical expression wherever the convents were wealthy—and that some rich cities entertained public physicians for the purpose. It is, for instance, reported regarding Zürich that the town doctor was furnished fuel and wine as compensation for his services to the sick of the town and that the municipality paid him for the medicaments supplied to them.

Toward the end of the seventeenth century the indigent sick in England received the questionable benefit in a business-like way of medical advice much on the same order as it is to be had at the present day in New York through the columns of the daily press, from the advertisements of so-called "medical institutes," properly called charlatans, and of others who have not yet been tried and convicted. At that period the apothecaries had not accepted the truce which now exists—or appears to exist—between regular physicians and pharmacists; they furnished their advice without charge and their medicines for pay. The latter were thus unhesitatingly accepted as the more important item. This was also the opinion of the incorporated physicians, who protested against this practice on the ground that the apothecaries had no medical knowledge whatever. Against this the pharmacists maintained that the poor were unable to pay for medical advice, and even in those days it was held cheaper to get unpaid than paid advice. Thereupon the College of Physicians and Surgeons determined in the year 1687 that all its members should treat the poor of their respective neighborhoods free of charge. This step filled the apothecaries with great moral indignation, and the public also suspected evil designs in this offer which was theretofore unheard of, and public opinion declared that only the apothecaries were justified in giving gratis advice and that there was to be no departure from the principle of furnishing advice free and medicine for profit. But in this instance the

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physicians were for once equal to the occasion. In their laboratory in Warwick Lane they furnished medicines to the sick and poor at cost, after having given them their advice without charge. This, however, did not dispose of the matter. A bitter polemic resulted in which the greatest and smallest lights took part in favor of one party or the other. The better known poets of the period favored the physicians possessed of higher education. Sir Samuel Garth emitted a poem in six parts, "The Dispensary"; Pope also wrote in favor of those with a classical education, and the following is Dryden's remark directed against the apothecaries:

"From random files a recipe they take,  
And many deaths with one prescription make."

Again, in the year 1694, the College published an edict according to which advice was to be given free of charge to the poor on application, and to attain the purpose more surely fifty-three London physicians taxed themselves in the year 1696 with £10 each. But the difficulties were not anywhere near their end. The apothecaries announced that they would visit the sick poor in their homes without charge. This continued until one of them was indicted for fatal malpractice in the case of a butcher. He had three trials and was three times condemned until an appeal to the House of Lords resulted in a decision averse to the medical profession. After that there was agitation for a dispensary in the modern sense, until finally, in the year 1770, the Royal General Dispensary was founded in connection with the old St. Bartholomew Hospital.

Within the next twenty years nine others followed, all founded by voluntary contributions, and they are all in existence yet, their activity increasing from year to year.

From London the dispensary idea found its way into other parts of Great Britain. In Ireland there existed as early as 1836, 494 dispensaries of various kinds, most of which owed their existence to the act of parliament of 1805. This prescribed their establishment according to counties and districts. But the large landed proprietors,

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of whom there might be but one or only a few in one district, and whose duty it was to establish and maintain the dispensaries, shirked this responsibility wherever they could, and many of them lived abroad. However, when the order was made more stringent, the dispensary-districts reached the number of 718 in the thirty-two counties of Ireland.

The first dispensary in Paris was opened in 1803, on the English pattern. The Philanthropic Society established five of them at one time. This example was soon followed in Lyons, Besançon, Nantes, Caën, Montpellier and Marseilles.

The first three large dispensaries in the United States were established toward the end of the last century; the one in Philadelphia in 1786 (incorporated in 1796); the one in New York on January 4, 1791 (incorporated on April 8, 1795); the one in Boston in the year 1796 (incorporated in 1801). The New York Dispensary was located in the southeast corner of the brick church at Beekman and Nassau Streets, which many of the older ones among us still recall. In December, 1829, it was removed to its present location, at the corner of White and Center Streets.

The establishment of the New York Dispensary was followed by that of the Northern, on Waverly Place, in the year 1827 (incorporated November 28, 1828); of the Eastern, on April 25, 1832; of the Demilt in March, 1851; of the Northwestern (at that time at 511 Eighth Avenue); of the German Dispensary in 1857; of the Northeastern (at that time located at the corner of 51st Street and Lexington Avenue and now in East 59th Street) in the year 1859. The number of similar institutions has meanwhile increased considerably. In the report of the State Commission of Health, a few years ago, forty-nine were named for the State; twenty-nine of these are in New York City. Moreover, these are not the only institutions in which the indigent sick can obtain medical advice free of charge. Many medical colleges, for instance, exert themselves for their own welfare and that of the sick sometimes to a more than desirable degree.

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Regarding the German Dispensary, in connection with the German Hospital, I had the honor of indulging in a retrospect, in your company, on May 27, 1882. Since that time there has been no great change in its make-up or activity. In place of Mr. J. T. Hanemann, Mr. Th. Kilian, our able vice-president for many years, now presides on the Board. Dr. Vetter was added to the medical staff in July, 1882, as dentist. In the same year Drs. C. F. Kremer and J. W. Gleitsmann were received as active members; in 1883, Dr. E. Schottky; in 1884, Drs. J. Schmitt, A. Schapringer, F. Lange and J. Schneider. For the last ten months Dr. Mechtold has acted as our co-worker. In the year 1883 Dr. Löwenthal left the association. Death has made no further inroads upon the small number of the surviving medical founders, but the Dispensary mourns the sudden loss of Dr. J. W. Frankl, who died in his prime, at forty-two years of age. A pleasant colleague, an educated medical man, a faithful physician was lost to the Dispensary when he died.

Notwithstanding the establishment of a new German Dispensary, in the immediate neighborhood of our own, the demands made upon the latter have continued to grow also during the past years. During 1882 the number of patients was 24,943, and in 1883 it reached 26,668, among them 4189 children.

The fact that so many institutions have come into being and prospered is an evidence of the enormous progress in the ethical consciousness of the better portion of mankind. Nearly a hundred years ago, when the first dispensaries were established, religious feeling was no longer strong enough to prompt the giving of proper care to the sick and helpless. The only public hospital in New York was the New York Hospital. And this was held in such slight esteem or respect for its public service that in April, 1788, the sight of a human limb at one of the windows caused a bloody riot, the "doctor's mob," in which a number of prominent citizens, among them John Jay and Baron Steuben, were wounded by the ruffians. The physical and moral condition of the masses—even in a city that

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hundreds of years ago counted but 23,000 inhabitants—was so depraved, that only those can perhaps form an idea of it who are able to recall the July riots of the year 1863. And those who have read the painfully exact description by McMaster of certain social conditions, cannot refuse their admiration to those physicians and laymen who established the first dispensaries in aid of the indigent sick. But since that period humanitarianism and sense of duty have developed step by step with knowledge; the sense of mutual obligation and solidarity has taken root, and the dispensary system has become one of the equalizers of social and physical inequalities.

I now ask: what is the proper place of the dispensary, what its significance and its task? Is it simply a place in which, as Dickens says, "you get medicine in your own bottle?" A dispensary in the American sense is not a polyclinic institute as they are found at German universities, serving an educational purpose in the first place and the interests of the sick only in the second place; but it is an institute founded and maintained by benevolent citizens, attended day by day and year by year, free of charge, by benevolent and scientific physicians, a place to which the indigent sick have free access, where they receive free treatment, and if necessary free medication. In addition, many dispensaries pay physicians who care for the sick poor in their homes. But not only the sick are treated; the well are also protected.

There is no direction, for instance, in which the direct influence of the dispensaries in the preservation of health and the prevention of disease is better shown, than by a comparison of the mortality before and after the introduction of cow-pock vaccination which was practised by the dispensaries, with or without legal approval. It met with great opposition in New York, on moral, religious and physiological grounds. Thereupon, in January, 1802, a few citizens organized *The New York Institution for the Inoculation of the Kine-Pock*, with the expressed intention of displacing small-pox vaccination by cow-pock vaccination. After a prior refusal they obtained permission on

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August 19th to vaccinate all the paupers in the poorhouse who had not yet had small-pox, and the additional permission to erect a building for the storing of vaccine.

Philadelphia was the center from which the vaccination movement made the greatest progress. Doctors Rush, Dewees, Wistar, and fifty others published a circular in April, 1803, advocating the use of animal lymph. This took place in June of the same year, in the Boston Dispensary (although it was not until March 6, 1810, that vaccination with cow virus at public expense was legally introduced in Massachusetts); and in the year 1805 the New York Dispensary took over the rights and duties of the above-named Kine-Pock Society.

The Dispensary has always remained true to its task and unwaveringly conscientious in the execution of the duties undertaken by it. The statistics of the decrease in the mortality from small-pox, and the temporary and occasionally almost complete disappearance of this previously so deadly disease, clearly prove to what degree the dispensary and all its successors and co-workers exercised their beneficial activity.

It would, therefore, appear that the duties of dispensaries are simple, their purpose holy, their management surely not complicated; and still, since a long time abuses have gradually crept in. The endeavors of the Boards of Managers and of medical staffs to do as much good as possible and to as many as possible; to gain recognition from the public; to obtain the financial support extended to hospitals from excise funds and Sunday collections, in proportion to the number of patients treated; to procure material for instruction or personal study—all this caused it to be overlooked that institutions of this kind are intended to serve only the truly needy. One educational institution in the city went so far as to have large posters put up at the street corners and on ash barrels calling attention of the public to the readiness, safety and promptness with which medical advice may be had at a certain point. But even if not every institution is sufficiently devoid of conscience and good taste to follow this example, the fact is nevertheless well known that the numerousness

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of institutions in which medical advice may be had free, has greatly contributed to the ease with which medical service is obtained without appreciation or compensation. It is known to each one of us that institutions for the poor are visited and "milked" by the well-to-do. That physicians are wronged thereby is not the worst aspect of this evil. The great detriment created and perpetuated by such a practice is the demoralization of a large portion of the public. The well-known fact that as a rule only able physicians are connected with institutions, is a great temptation to some persons to procure advantages to which they are not entitled but which are easily obtained by fraudulently wearing the cloak of poverty; to accept important services without making any compensation, and to become estranged from the great republican principle of self-respect and self-help. To allow oneself to be served without giving counter-service; to buy without paying,—is an evidence of egotism, fraud and servility, and begets these. I greatly fear that with the facility of obtaining physical health, moral health is destroyed. This fear does not appear theoretical to those who are acquainted with our system of rendering aid to the sick and who know the internal working of many institutions from experience. We all have seen velvet and silk gowns in the waiting-rooms; we all have recognized and caught well-to-do people who, for the purpose of fraud, dressed themselves like poor people; we have all, in cases of discovery, had to listen to the crude flattery that they came "because the best physicians are to be found here," and have had to put up with rude behavior on the part of those who were discovered and met with a refusal. It is difficult to exercise control; but an attempt at control is well worth while. From the very beginning it was customary in this dispensary to exclude those not entitled to its privileges in order to apportion the better all the available time and energy among those who rightfully came to us; and I know that the present generation of physicians is guided by the same principles. Fortunately it is not so difficult to observe them in the German Dispensary. There is no lack of patients; "material" is plentiful. Without any

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other reason than honest work, the physicians of the institution have seen the number of patients increase from year to year; without an increase of the medical staff it will even be impossible to meet the demands; and strict discrimination will have to be exercised in the selection of those whom we are to serve, for the benefit, physical as well as *moral*, of all. The latter consideration I do not look upon as the least.

I am convinced that the German Dispensary has contributed to the latter aim also in other ways, fully as much as to the former. Just as a charitable institution like ours is capable of demoralizing and will demoralize applicants who are able to pay, just so will it increase the sense of safety and self-respect of the really needy. The consciousness of belonging to a community which recognizes his human rights and extends help at the right time and in the right way, imbues a needy individual with a sense of selfhood and citizenship. That which the justifiable and the utopian plans of socialistic and communistic preachers have demanded, you, my colleagues, realize in your field, as you devote your time and knowledge ungrudgingly, punctually and free of charge to the common welfare.

The common welfare! Surely each service you render is an individual service, but there are almost thirty thousand such annually of which yours is a part. Is it still needful to explain to the public in what this service consists? That you assuage the bodily pains of some is a great comfort; that you save their lives is a great blessing for them. But how much you are thereby doing for others, invisibly standing behind these, you scarcely ever know. But what they know—and what all those should know who have never given the matter thought and never opened their pockets to contribute to your meager fund—is that in threatening illness you save many from actual severe sickness by timely intervention; that by your good advice you prevent a repetition of the illness; that you preserve many a poor man from that loss of time brought about by prolonged sickness, from using up his meager savings, and from a stay in a hospital and a disruption of the family.

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And many are the cases where it is unquestioned and positive that your efforts have saved life and preserved health. Both are of far greater value to the poor family than to the rich. To preserve the provider does not merely mean to maintain those dependent on him in comparative freedom and independence, but it also means to keep the average of the national wealth from sinking. In saving health, we save the individual and the family from poverty, temptation, misdemeanor, and crime. Statistics show the German morals in this country to be good. If they remain good, this is due in no small degree to the result of the work of charitable physicians. Fortunate are we and fortunate is the German public of New York that for twenty-seven years their number has steadily increased. And *you* will always be filled with the consciousness of your great task.

And your efforts are indeed necessary. Twenty-seven years ago the establishment of a German dispensary was justified by the fact that many German immigrants, because unacquainted with the language of our country and of conditions here, and because of their imported poverty, were dependent for assistance on their German-speaking compatriots. The number of such needy persons has increased beyond the relative increase in the population. Conditions of living have become more complicated, shaking off poverty more difficult, the interim between immigration and independence longer. The first generation of German immigrants had to fight a hard battle. The great ocean neither washes away poverty-stricken conditions, nor does it efface the lines of accustomed care from furrowed and depressed countenances. Among the countless number who passed by for hours, silently and sorrowfully, to cast in quick succession one last look upon the dead feature of a great benefactress to us all, there were many in threadbare clothing, plainly their best, nevertheless; and many faces on which sorrow and care had left their imprint. The German physicians will still find much to counsel and much to aid in the service of individuals and for the benefit of the whole, as has been the case heretofore, and without the need of special occasion. To

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prompt the physician to render feeling and compassionate service in individual cases, it is not necessary that he should have personally experienced heartrending woe to incline his soul toward the sufferer; to steel him in his consciousness of professional and civic duty it requires but love of profession and of mankind. Hippocrates knew that where there is love of medical science, there is also love of mankind. The classical education of the German scientist and the American citizenship of the German physician make him recognize his task and indicate to him its realization.

I therefore attribute no small importance to the German physician in America, and to this dispensary in its relations toward the poor immigrants, as factors in aiding to educate them to citizenship. He renders them the first and most urgent services; maintains their ability to work, secures to them the possibility of helping themselves. He helps them to acquire a home for themselves and for their children. Fatherland, motherland did not offer them the needed opportunity to remain and gain a livelihood for themselves and their dear ones. Perhaps the customs of language may still have to be changed. The Home, the known, the conscious home, will perhaps no longer be named according to father or mother. It would seem to me that the immigrant will feel at home, will feel inextricably one, body and soul, with that country where he placed his children's cradle, secured their future, or laid them in their grave.

In this way the German physicians who planned this institution, those who are now working for it, and all who for twenty-seven years have financially supported it, have contributed toward the improvement of the human material which after us will form the great population of the United States. Only by such co-ordinated work are such great results obtained. It is not given to everyone to become of himself such an American as was the departed one, to whose generous spirit we owe this afternoon full of satisfaction, gratitude and cause for thought. Arrived on these shores an unknown young woman, honored in her old age, and carried to her rest more deeply regretted than any woman before her in America, she presents the aspect

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of a true American existence. Unremitting labor, well-conceived effort, careful economy, extravagant generosity, the practical sense which demanded to see in her own lifetime the prosperity of her creation, the ideal soul which rendered help to the helpless first and last, and combined with this the love of fatherland which enabled her to see that her care should be for the heavy-laden immigrant,—such was Anna Ottendorfer. She cared for the future of the sick, of the hospitals, of the schools, in equal measure.

It is not my task on this occasion to discourse upon her memory. Where these stones speak, men may well remain silent. Her works shall follow her and her name is immortal in the history of German-Americans. When the noblest names are mentioned her name will be mentioned too. The contemplation of a nature like hers, full of force, initiative, severity and idealism combined, memory of the German home and labor for the American present, helps us overcome many an attack of pessimism in which the best of us often run the risk of doubting the free development of the best possible in human nature. The example of her life is a special blessing to those of us of German birth. We are not yet accustomed to the great and free development of the individual German nature. German militarism and provincialism, centuries of disruption, policing and poverty, have impressed on the individual German a narrowness and small-minded egotism which we are forced to regret so often in the politics and daily life of Germans. Great natures like hers are evidence of the development of which the German is capable in freedom and without the restraint of governmental interference, and give room to the hope that not only German books, but also German men and German women may be active and successful factors, politically and morally, in the upbuilding of this republic.

Over her coffin and at her open grave eloquent tongues have proclaimed the simple truths of her life; it sounded like fiction but was nothing but a narration. You need expect no laudatory speech from me; the memory of what she accomplished is her eulogy. Among the patrons of the

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institutions which are united as the German Hospital and Dispensary she early inscribed her name. For many years she was an attentive observer of what was slowly accomplished from a small start, with meager means, with honest effort, in the public interest. She was not of those who, without method and without thought, simply give, to extend charity. I well know from many personal experiences how her generous and extensive private charity was guided equally by the dictates of heart and reason. How much more thoughtful and systematic was her public charity! So soon as she was convinced by long observation of the activity and usefulness of the Hospital and Dispensary, she erected the women's pavilion, which she solemnly handed over to its intended use exactly two years ago in a never-to-be-forgotten address. About eight months later, in the early part of 1883, at a time of great suffering from which she was released only after a prolonged struggle, she said one day: "There are many complaints regarding the Dispensary building; the physicians have no room, the patients no conveniences. Look for a suitable location; I have determined to set aside one hundred thousand dollars for a new German Dispensary. Should I die before, it will not matter, my family know my wishes."

And this, esteemed audience, rich and poor, and you, my colleagues, this is your new German Dispensary.

That which distinguishes the generous gift is not alone its size, but the harmonious meeting of all requirements, emanating from the thoughtful consideration of every need; this good and great woman knew that if the Dispensary would continue to prosper as a charitable medical institution, the intellectual and scientific requirements of the medical staff must be taken into account. She therefore thought with special satisfaction of the laboratories to be erected in the court; for the same reason she insisted upon ample space for the medical library and meeting rooms. When you, my colleagues, will have occasion in the near or remoter future, to use in comfort the library collected in twenty-seven long years, and enjoy the use of luxurious quarters for your scientific meetings,—a cen-

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ter for your New York colleagues as well as for the numerous foreign physicians who either pay brief visits to our city or who come for the purpose of establishing themselves among us,—your gratitude will be due to the loving consideration of the great departed one. She has united for us under one roof practical work and scientific effort. She has here carried out the thought which her generous husband entertained, in another direction, when he erected the neighboring building as an educational factor for the public at large and placed it under the direction of the German Hospital and Dispensary.<sup>1</sup>

And she has done still more for us. Two years ago I had an opportunity to describe to her the prolonged struggle, the chronic poverty of the institutions so near to our hearts. The lack of interest on the part of many among the well-to-do German population, due no matter to what, was a fact. Through Anna Ottendorfer, whose systematic procedure and well-founded discrimination was beginning to be more and more appreciated, the sympathies of wider circles were aroused for our institutions. The past two months have brought a greater number of new members than did the previous two years. The German public is beginning to treat the Dispensary and Hospital

<sup>1</sup> In the Meeting of March 3, 1833, of the Board of Directors of the German Hospital and Dispensary, the following resolutions were adopted:

1. The house intended for polyclinic purposes, having 50 ft. front in Second avenue between 8th and 9th streets, and all rear buildings and court, are retained perpetually for the purpose stated.

2. The adjoining house, having 20 ft. front, intended for public reading rooms and circulating library, is taken over by the Board of Directors with the distinct understanding that the same is to be perpetually retained for the purposes stated and to be rented at a nominal rental, to an existing society or a society to be formed, for the purpose of maintaining therein free circulating libraries and reading rooms.

3. The President, Secretary and Treasurer of the Board of Directors are hereby authorized to accept the gift under the above-stated conditions.

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with consideration and to look at them with loving eyes. We have good reason to believe that just as these institutions have been for more than a quarter of a century the center of busy activity for the German physician, so there will be centered upon them in the future the loving care of all classes of our population. And this is as it should be. For as the sickroom in any house should be a holy place, so should the community consider the place where the sick and needy are cared for and brought back to health, as a holy place. To the ancient Greeks this place was the temple. The public should look upon the place of healing as a temple; and even the priest of health, the physician, should approach the place of his activity with a holy feeling. Let him drop at the gate all that is coarse in every human being. He whose heart cannot be cleansed of the ashes of envy, jealousy and egotism by scientific striving and humanitarian endeavor, would do better to devote his muscles and intellect to the acquisition of lucre in the public marts, instead of attempting to bend his soul and spirit to the demands of a noble profession.

And this, ladies and gentlemen, this, my colleagues, is your temple. The beauty and harmony which surround us, planned and established by a great departed one, lack to-day but one thing: that is, the presence of the founder of this house in which we are assembled to admire, to enjoy, to hope, and to make resolutions for the future. We grant everyone is not fortunate enough to accomplish as much as did she whose name is now on every tongue and to whose memory this occasion is consecrated. But none is prevented from *striving*, and everyone of us should strive, to attain as much.

## OPENING ADDRESS AT THE FAIR OF THE MOUNT SINAI TRAINING SCHOOL FOR NURSES

### *Ladies and Gentlemen:*

As I have the honor of being the presiding medical officer of the hospital with which the Mount Sinai Training School for Nurses is connected, I look upon the demand that I should open this fair as a tribute paid to my office and my institution. There are, however, a few persons on whom, rather than on me, I should have desired to see the enjoyable opportunity of addressing you bestowed: these are the President of the Mount Sinai Hospital, or the President of the Training School.

With the hospital I have been connected longer than any of its other officers, having been entrusted with a position on the Medical Board more than twenty-eight years ago. At that time the hospital was in Twenty-eighth street, between Seventh and Eighth avenues. It was what we then thought to be an immense establishment, with a frontage of, I believe, twenty-eight feet. Next door was a tenement house—in the interest of symmetry, there were tenement houses on the other side, and shanties opposite. Inside there were about forty beds, and a small number of doctors—most of them are dead; amongst them Ernst Krackowizer, whose name must never disappear from your annals. There were also nurses.

Many changes have occurred since that far-off time. The shanty hospital has been turned, fairy-like, into a palace, poverty into riches; and all this because the spirit of benevolence, which commenced by erecting the shanty, continued to live, and the tree planted by the Touros, Jos. Fatmans, and Nathans has borne and ripened its fruit. And inside the palace the services rendered to the sick

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are of a higher order, since the successful example of the Bellevue Training School stimulated the private enterprise of clear-sighted and noble-hearted women to establish the Mount Sinai Training School for Nurses.

In an address I delivered half a dozen years ago before one of your graduating classes and the public, I drew from memory a picture of the hospital and private nursing before the time of training schools. The comparison was not at all favorable to the past. Woman's nature at its best is always sympathetic, pure, and unselfish, but that part of the sex which turned to nursing as a business was, with some rare and excellent exceptions, far from belonging to the sympathetic, pure, and unselfish class. Still, the nursing of the sick in those times was, in principle, superior to that which preceded it.

In ancient Greece, when a poor man was taken sick, he found admission to, and nursing in, the house of a rich fellow-citizen. During the Crusades the nursing order of the Hospital Brothers was recruited from amongst Italian and German merchants. All the other organizations for the nursing of the sick, from the Templars and the Order of St. Elizabeth down to the Protestant Deaconesses, were founded under the authority and supervision of the Church. An immense deal of good has been done by all of them, for, indeed, the most solid foundation of every religion of civilized and semi-civilized nations is the sum of humanitarian instincts and tendencies embodied in them. Through centuries it was the Church alone which could provide nursing on a large scale, though it were ever so insufficient when compared with the total sum of suffering. As in our times the physician and priest, who were long identical, have parted in peace, to the benefit and satisfaction of both parties and of mankind, so the profession of nursing must be independent. It has also been acknowledged *at last* that the nursing of the sick is a sufficiently important, difficult, and grateful task to be *learned* before performed. Moreover, what the occasional generosity of a fellow-citizen would do for a sick person in olden time, what the Church would order or sanction in the Middle Ages, that has finally become the outgrowth

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of well-understood individualism, in accordance with the spirit of the time and our social constitution.

It is a characteristic feature of our time that there need not be a contradiction between the different interests of the many. In an organization like a training school you serve at the same time the nurse, the sick, and the community at large. In the address alluded to I mentioned the fact, stated by the census of Berlin in 1872, that two-thirds of all the women of that city had to provide for themselves, and that but one out of every four hundred and seven such women turned to nursing as a regular occupation. In facilitating the obtaining of sufficient knowledge and training you give a woman a profession by which to secure her independence, an occupation which will serve the sick, a position than which there are few—there ought to be none—more appreciated and more honored. At the same time you serve the community. Whoever has feared and grieved at the bedside of a dear one, old or young, or has been exhausted by constant care and physical work, and tormented by the evidence of his or her own insufficient knowledge or training, has appreciated long ago the services a trained nurse alone can render. I believe there is none amongst you in whose household a good trained nurse has not shed light and given confidence and rendered valuable services already. We physicians know the difference between the hospital and private nursing of former times and that of the present. We do not feel as if we could or ought to take the responsibility of a doubtful case without the aid of a trained nurse, and wonder how we could ever get along without her. It is not a matter of fashion, but of necessity. If it were a fashion only, surely the name of the greatest and most blessed woman in the history of womanhood might be Semiramis, or Lucretia, or Roland, or what not; but you do know that *that* name is Florence Nightingale.

Sickness and suffering are unsectarian. Humanity is unsectarian. Your school is unsectarian. Neither the names nor faces nor creeds of the pupils remind one of a *single* nationality or church. They are taught that their home is to be the sick-room, their church the hospital,

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and it is expected that they should use their intellect to learn enough of knowledge, and practise enough of their art, to be efficient workers in the chosen field. No brass band, no clamor, no mob shouts at their presence. Knowledge adapted to their purpose, educated common sense, trained hands and minds, distinguish them. It is by these qualities that excel the humane and humanitarian soldiers of the genuine army of salvation.

The Mount Sinai Training School—I can say that with great satisfaction—has obtained a good reputation in the community and the medical profession. However, as so many of its officers are here, and I am somewhat of an officer myself, I shall say no more on this theme. Still, the eagerness with which the preparations for this fair have been commenced, and the readiness with which the call of its initiators has been responded to, prove both the hold the institution has gained on the public and the feeling that increased means will enhance its usefulness. To aid in obtaining these substantial means you were kindly but categorically besought, invited, told, or ordered, as the case may be, to attend this fair, and not to leave it before you paid the ransom. You are prisoners in the chains of your own good-will, or convictions, or domestic ties, or affiliations, or love, or curiosity, or fashion—I do not care which, so the end of this fair be attained. I was selected to tell you so.

When, however, I complacently informed a friend that I was to open this fair, I was bluntly told that I did not even know what a fair was, and certainly did not know how to open one. Becoming doubtful of my knowledge, I consulted Webster (I have the impression that is what books are made for, my own too). There I found that "fair" means "free from spots, specks, imperfection, or hindrance; cloudless, propitious, favorable, unencumbered; characterized by frankness, honesty, impartiality, candor." You see I know all about your fair here; and that I know how to open one I must prove this very moment, for I have been told that my remarks must be brief. Besides, I am used to opening things—I have opened a great many things in my life: I have opened my eyes quite often,

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though sometimes I was glad to close them quickly; my heart sometimes, and found it quite unprofitable business mostly; opened accounts and was soon told I had overdrawn; college courses, and the doctors continue to increase to an incredible and uncomfortable degree, and the cry is still they come; hospitals and dispensaries, with such success that they have remained open ever since; I have opened champagne bottles, very successfully in most cases; and now I am called upon to crown my work by opening this fair.

I shall do so after having made a single remark. The young ladies who expect to have fun only are greatly mistaken. Their satisfaction must be in serious work. Most of them have spent all their young lives in spending money; now they are expected to make it. Every one of you is to be a wheel in the big coining machine. If you enjoy your function, so much the better. I do not believe that the end sanctions every means, but when a good cause is advanced and serious work accomplished by frolicking and laughing, teasing and dancing, I wish to encourage laughing and dancing. Life is too much, anyway, like a graveyard, and larks and flower beds are too few. David was dancing and was called pious. You cannot be too pious, or do better than imitate him in his piety, in this cause and in these surroundings. While I behold them and look upon this splendor, full of wealth and promise, I am reminded that "all that glitters is not gold." But I tell you, if Shakespeare knew about this fair, he would say, "All that glitters here is gold." Pure gold was the idea that started the plan of this fair, pure gold the enthusiasm which matured that plan into reality, and the humanitarian instinct and practical tact which enlisted the sympathies of old and young; pure gold the sagacity which taught friends and foes how to look upon the required labor as one of love and fun. Pure gold is the purpose for which this fair was established. I hope the result will be plenty of pure gold. As for myself, I look about, and, seeing that all is "fair," hereby declare this fair of yours open for the good will of a generous public.



## THE AMERICANS AND THE TENTH INTERNATIONAL CONGRESS

ON August 4th, 1890, during the first, and largest, general meeting of the Tenth International Congress, there were three universal and spontaneous outbursts of applause. The first and most sympathetic greeted the name of James Paget, and never was there an ovation more deserved. The second rang through the immense building when it was announced that the Government of the French Republic had sent thirty-four official delegates, and that nearly one hundred and fifty more Frenchmen had joined the Congress. They had overcome political enmity and jealousy, disregarded a rather slighting reference to their "national insanity" of twenty years ago, and came with open hearts and friendly feelings, a large number of them men of fame and high rank. The third greeted the announcement of the fact that on the first day of the gathering more than six hundred Americans were inscribed on the rolls. This recognition afforded to our name must have flattered the national pride of every one of us who was present.

This hearty welcome was more than I had mustered the courage to expect. For, indeed, Americans visiting Europe on such occasions as this, labor under certain difficulties. Europeans do not quite understand our country, its political and social configuration or its scientific attainments. If that be so even in Great Britain, both race and language being identical and mutual intercourse more frequent, how much less can we expect it to be known on the Continent! Besides, it is not always the best political, social, and scientific class of our fellow-citizens who travel extensively, and though it be not the crowd of the "*pro-fanum vulgus*" that ought to tell in the estimation of the best spirit of their country, it does so tell. Now, the ma-

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majority of medical Americans they know in Europe, and particularly in Germany, belong to one of two classes: either they are *bona-fide* students, whom, being mere foreigners, they consent to matriculate even without the preliminary education rigorously insisted upon in their own young countrymen, or they are our young doctors who pass a few months or a year in European laboratories and clinics for the sake of special studies. It is these latter that are also the occasional participants in their national associations, where, nobody else being present, they are naturally considered the representatives of American medicine. Our best men travel little and talk less. Indeed, some of those who were most fit to represent us in the Congress kept in the rear, modest and retiring. Besides, the great opportunity America might have had to present to the view of the world whatever there is great and progressive in American medicine, appears lost. For in the very number of the *German Medical Weekly* which was published in the week of the Congress you could, in the history of previous congresses, read the statement that the Washington Congress was unfortunately a failure, for which all of us, being Americans, are held responsible. Moreover, though English is read by a great many of the best men in Europe, the knowledge of our language is not so general as to insure a wide acquaintance with our literature through anything but the uncertain channels of extracts or translations. Nor are even these well selected. We are all aware that our medical journals are of as unequal rank as our schools, and not infrequently will you find a journal which is deservedly unknown among us, quoted in Europe under the impression that it is a fair representative of American medical literature. Nor is the treatment Europeans receive at our hands always very courteous or considerate. The editorial remarks of a great New York weekly were quoted as unkind, inasmuch as the efforts to make the Congress international and Berlin a neutral ground for the whole world did not appear to be appreciated by us. It must be admitted, though, they did not deem that Western journal worthy of serious consideration which spoke of the Tenth International Congress as

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a congress of snobs, and advised every one of the forty thousand practitioners of the Mississippi Valley, "every one superior to the leaders of the Congress," to stay at home.

Public opinion is often made or unmade by trivialities; sometimes, indeed, by personalities of an inferior nature. It was a source of complaint in Berlin that an American who had been honored with the request to represent our country by delivering one of the great addresses, had neglected to see to it that his refusal reached the Committee of Organization in anything like due time. The proverbial courtesy of Americans was found wanting, and that at a time of feverish excitement and overwork. Such occasions are the very opportunities for those, formerly Europeans, who manage to rise, in their own estimation and that of their former countrymen, by detraction of us. For there are those who do not immediately succeed, when they, our guests and future fellow-citizens, arrive among us, in impressing us with their superiority, or in being appreciated by us as they are by themselves, or in obtaining at once a lucrative practice and professional positions and honors. It is they who pay for the hospitality proffered by our country with shoulder-shrugging insinuations and pitying remarks upon our crudeness and inferiority, our "mob rule," our "civilized barbarism," instead of aiding in the realizations of the national and cosmopolitan aims of the medical profession and science.

Nothing is so small as not to have some effect. Unfortunately there is still so much national jealousy everywhere that faults and shortcomings in your neighbor beyond the boundary line are easily believed in, and slanders and libellers are always busy. When I arrived in Germany a newspaper article was shown me which was concocted by a sectarian practitioner, formerly in New York, who detailed the inferiority of American medicine, schools, and practice to the horrified sanctity of the German public; and in the very week preceding the Congress, hundreds, or perhaps thousands, of pamphlets were distributed in Berlin for the avowed purpose of insulting us and making us uncomfortable. The pseudonymous author, who appears

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to have lived, or lives, in Chicago, says, among a great many other things, the following:

"In reference to the transatlantic gentlemen, nothing is more out of place than indulgence. American tolerance, so frequently extolled, exists for Americans only. When about to travel they leave it at home. It is almost always the result of ignorance, indifference, and bad conscience. As the average American never cares for the history of a science, the majority of the transatlantic members of the International Congress are totally unacquainted with European institutions, labors, and scientific methods and their aims. Nevertheless, every one of these gentlemen carries a paper in his pocket, easily compiled, wherewith to resuscitate the obsolete science of Europe."

In the same sheet the man asserts that forty-two per cent. of all the doctors in Chicago are professed abortionists and a great many followers of "Christian Science."

Some of the great Germans, with whose names every one of us is perfectly familiar, denied being in any way influenced by such rubbish; but then, again, it was through them that I was informed of a New York specialist, and a Fellow of this Academy, who was reported to have availed himself of his personal intimacy with the officers of the Associated Press for the purpose of having his Congress paper served at the breakfast tables of a million of American households on the day of its delivery. That was a week before the opening.

Thus you see, Mr. President, American medical gentlemen may meet with difficulties in the face of such occurrences. Still, though they are as human on the other side of the Atlantic as we on this, the facilities of communication between the continents have become such as to enable those wishing to see and know the truth that the time when American medicine was merely receptive and imitative has long passed by, and that we have entered the arena as co-operating peers. They were, indeed, anxious to have us and secure a large American attendance. In order to accomplish that end the organizing committee appointed an American committee, which was to enlist universal sympathy in our country. No time was to be lost,

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and the first ten medical men who expressed their willingness to serve were appointed. The territorial jealousy, one of the most marked American littlenesses, which found its way into print several times, has obliged me to explain publicly, in the May meeting of the Association of American Physicians, why that committee consisted of Stewart, Fitz, Lusk, Draper, Hun, Pepper, Busey, Osler, and Peyre Porcher. Will the Western gentlemen who found fault with the committee, and heaped vituperation on the mode of its composition, tell us that the names selected did not deserve the honor conferred upon them, or that there are better ones among us? Does American medicine begin at the Alleghanies or the Sierras? Or will you, gentlemen of Ohio, Mississippi, or Nevada, tell us which of the forty-four stars of the glorious flag is the one you claim as yours? Yours are the forty-four, so are they ours. Are your minds not big enough, your hearts not large enough to embrace the love of, and the pride in, the whole flag of America?

A further proof of the anxiety to secure the co-operation and good-will of the Americans was given by the Berlin committee in this, that they insisted upon one of the public addresses in the general meetings being delivered by an American. Weir Mitchell having declined in time and courteously, and Osler not being within reach, I was telegraphically directed to select an orator. The choice of Horatio C. Wood was heartily approved of in Berlin and elsewhere. Again a few have asked why a New Yorker could not have been honored with that commission. That question is answered by some other queries: Do you know of a better man? Is America bounded by the East and North Rivers? And, lastly, has New York forgotten that she can afford to be courteous and generous?

More, a few weeks only before the meeting of the Congress the American orthopædists expressed the desire that there should be a separate Section of Orthopædics. When I, then already in Europe, was notified of that request by the chairman of the Orthopædic Section of this Academy, and expressed my fear lest it might be too late to make arrangements for that change, I was by returning mail in-

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formed by the Secretary-General that the request was at once granted by the Committee of Organization, on the ground that my countrymen must know best what suited them and their scientific labors.

Again, the organization of the Congress was not completed without the election of an American vice-president, John S. Billings, and an American, M. Allen Starr, as one of the two English-speaking secretaries, and a large number of American vice-presidents of sections. And, lastly, when, on the third day of Congress and in the second general meeting, the hour grew late and the audience melted under the hot sun, Dr. Wood's address was, out of consideration for the Americans, postponed so as to be the first topic of the third meeting, though the hour and arrangements and printed preparations had to be changed accordingly.

All this was meant, and believed to suffice, to make every American feel at home. If it did not succeed, it ought to have accomplished that end. But I have been told that disappointments have been keenly felt and complaints been uttered.

When an English paper was read, many have been reported to have left the room. Many essays were not read at all, some were not allowed the time required by the authors, some men would read beyond the legal limits. Such comments are natural, but also their causes. The unprecedented number of papers offered at a late date and too courteously accepted, and some acoustic disadvantages of many of the audience halls, are among the causes of disappointments, which are unavoidable in everything human. The experience of the past may furnish remedies in the future. However, when one man complains that he was not one among the five per cent. of members who could be admitted to the court reception in Potsdam; another, that he had to pay for his share of the section dinner on the evening of Wednesday, the 6th, proclaiming that matters were different in Washington, where no foreigner paid anything—it proves one of two things, either that there were those who went more for the incidental appurtenances of the Congress than the Congress, or that our national

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failing, which is a highly developed emotional hyper-æsthesia, was rather demonstrative. I can assure those who are finding fault with the scantiness of their enjoyments that I know of one at least who neither shared in the entertainment in the City Hall, for which Berlin paid 80,000 marks, nor danced at any of the five balls, nor imbibed the music and songs in eleven languages, and as many beverages, at Kroll's, and—did not feel the worse for it the following mornings. If I have any fault to find, it is with the overflow of entertainments, the excess of generosity, the multiplicity of luncheons, dinners, and receptions, the waste of money in the vast number of public and private social gatherings.

If there ever were hosts spending unstintingly—aye, squandering—money in the service of unlimited hospitality, they were the profession as a whole, and the single medical men, of Berlin.

In connection with this fact let me make a remark, which is dictated by no cavilling spirit, that I have too many reasons to appreciate the universal kindness and untiring hospitality of the great and gentlemanly members of the Berlin profession, who were bent on nothing so much as to render the sojourn of the foreign guests comfortable and pleasant. I must here mention the names of Virchow, Bergmann, Waldeyer, Gerhardt, Henoch, Martin, and Leyden, and his accomplished wife, the chairman of the Ladies' Committee, and could name a host of others. Many of us have found it impossible to respond at the same time to the requirements of actual congressional duties and the urgent demands of hospitable courtesy. In this, also, there is discomfort and loss for the individual member. But the matter has a very much more important aspect. An excess of social entertainments on one hand, and the accomplishment of the end for which the International Congress is convened on the other, are incompatible at a certain point. Too many feasts interfere with legitimate work. The exception of a good time may—if I must not say it does—invite the attendance of many, of hundreds, perhaps of thousands, who would not go for the sake of work. On the other hand, those who have gone for the

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latter are liable to feel sorely disconcerted. Thus, it has happened—at least this disappointment can be held in part responsible—that the national associations have suffered from the persistent absence of those who do not wish to lose great opportunities; and that all over America, Great Britain, France, Germany, and other countries there have been formed by dissatisfied men, who place scientific work over any distractions, be they ever so pleasant, special societies, the objects of all of which ought to have been accomplished in the sections of the general bodies. It would be a sad development if the same tendency were to grow up in international congresses. This very moment there are already in existence an international ophthalmological and an otological congress. It would be the fault of the management of international medical congresses if other specialties or doctrines would follow the example, for no other reason than the predominance of the social over the scientific element. If the latter cease to rule, the great men of science will stay away, and the holiday-seekers and a few ambitious office-holders will remain. *Experientia docet.*

It is only a wealthy city and rich professional men who can entertain as Berlin did. For such hospitality as was displayed there you require large and generous hearts, ample and well-filled purses. There are but few communities like her. If the habit of prodigality becomes persistent we shall be received in future with misgivings on the part of our hosts, who must fear lest their efforts fall short both of the results of predecessors and the expectations of the guests. Let these two calamities occur—viz., the absence of the best men of all nations, and, on the part of cities and men, hesitation to request our coming—what will become of the International Congresses?

And where is the prevention of the danger alluded to? Here: Let the social entertainments be reduced to a minimum. Then any city with ample hotel accommodations will be able to receive us, though we be thousands. Then those bent upon pleasure only will seek it elsewhere. Then the numbers will no longer be unwieldy and shapeless. Then the men looking for work, and for the men who work, will

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be eager to come and see and be seen, to teach and to be taught.

The unprecedented success of the American Congress of Physicians and Surgeons, the first meeting of which was held in Washington in September, 1888, tells its own tale and exhibits the proof of what I say. In my mind there is no doubt that its second meeting, in September, 1891, will be equally successful; its three days will be dedicated to work, and the official social entertainment limited to a plain subscription banquet. In that way neither the lawful work of the Congress nor private intercourse and hospitality are interfered with.

It may appear invidious to mention the co-operative services rendered by the members of the different nations represented in the various sections of the Congress. Still, as we generally have a good opinion of ourselves, we are not afraid of looking back at our own contributions to the scientific material that was furnished. When we do so we have to admit, however, that but a small percentage of our seven hundred participated in the general work. It is true there was one who got himself delivered of quintuplets; fortunately, he had no equals, and he was not, as a medical journal reported, "taken in earnest." Still, there were a number of papers, not compiled, but original. The Orthopædic Section was American to a great extent. The Neurological had a very fair representation from our country. The Gynæcological and Pædiatric Sections were not without American contributions. The Surgical was supplied with papers which were highly appreciated, mostly from the West. Indeed, there were but few sections in which no American took part, though there were some in which no active work at all was furnished by us. The most redeeming feature was the meeting of the combined Laryngological and Pædiatric Sections, in which the ingenuous, painstaking, and successful efforts of O'Dwyer were heartily applauded.

After all, however, the labor performed in the general sessions may be the principal, but is certainly not the only, object in view. An English journal has said that "congresses are not instruments of research"; and still the

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transactions of all are replete with it. It is true a congress is not so much meant for new discoveries as for the broad dissemination of facts, hints, and ideas. A man, not being ubiquitous, may not take away with him many things new, but what he carries home is a new stimulus, and encouragement.

In the Congress you saw a great many men whom you thought you knew; but since you listened to them, and watched them, while you listened, and took their measure, you know better now. You saw and heard the living objects of your admiration, the moulders of professional thought in all countries—discoverers, teachers, laboratory workers, practitioners; those who, after hard work, create books by spontaneous generation out of their brains, and those who compile them out of their pigeonholes; the eagles, the bees, and the moles—also the parrots, and that class of envious cuckoos who transfer other birds' eggs into their own nests. You found there is room in our great army for many men and many classes of men. You gathered encouragement from learning that even truly great men are still men and human; and that some degree of greatness is within the grasp of any man, in town or village, who will work for it intelligently, bravely, and honorably. All this is what a congress will teach those who consent to learn.

There is another lesson that is taught by a congress: The separation into twenty sections proves the endless and diversified branching of the grand old tree of medical science. Their working under the same roof, however, and under the same administration; their occasional combination for a common purpose; their gathering in general meetings, and their listening to the same addresses, with the same interest and profit—all this, in spite of the fact that some of the twenty appear to be threatened with the danger of degenerating into mere handicraft, proclaim louder than steeple bells that medical science is "one and indivisible, now and forever."

The Congress has conveyed to me, like its predecessors in Copenhagen and London, a great lesson, and furnished an elevating spectacle. Imagine, those of you who have

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not been present, thousands of medical men from all parts of the world, and speaking a dozen different languages, not perhaps endowed with the same erudition or mental or moral power, but moved by the same instincts and interests, and assembling at the same call and for the same special purpose. The great and the lowly, the old and young, meet as brethren on the same platform, if not of equality, still of fraternity and solidarity. National jealousy and prejudice are shelved for at least a week, and a lesson is taught that brethren may live together peaceably under the same roof, an example to the nations both of the present and the future. The man and the man of science are appreciated and loved, though political adversaries. Applause takes the place of hisses. The contest is no longer against each other, but with each other, side by side, arm in arm, with the same weapons of the brain and soul against the common enemy of science and mankind—viz., physical deterioration and social misery. Thus the cosmopolitan spirit of coming centuries is foreshadowed and initiated by the co-operation of the men arrayed in the army of the noblest of all sciences and professions. Therefore, may no man who can prove an example to his peers in this or any other country, no man who can teach, none who can learn, none who can worthily represent his country in any capacity and do honor to America among foreigners—may no man, except for valid reasons, ever shirk his duty to attend an International Medical Congress.



## A CALL TO TAKE PART IN THE PEOPLE'S MUNICIPAL LEAGUE, 1890.

OWING to the manifold demands made by their profession upon their time and energies, the undersigned physicians are frequently prevented from fully performing their civic duties. As the most important among these must be counted the participation at the polls in the decisions on national, State and municipal affairs, and the exercise of that influence which the individual is able to exert upon his fellows for the common welfare. To-day, however, they feel impelled to emerge from their reserve and to remind their colleagues and their German-American fellow-citizens of the necessity of participating in the approaching electoral campaign.

The abuses in our municipal administration have become so evident and dangerous that their continuance will be found impossible by the entire population of the City of New York. Even to the most patient the necessity of a sweeping change is apparent. Our streets are filthy and threaten our health; our sewer system is inadequate and the source of epidemic diseases; hundreds of dwellings, particularly those of the poorer classes, are pest-holes, public nuisances for their inhabitants, and a menace to the entire city; the number of public schools is insufficient and many of those we have are unhygienic; our police is not always the safest nor yet a sufficient protection, and our judges are not always ideal, because many of them are unquestionably political eye-servants and party sa-traps.

All these abuses and dangers are the sequence of the habit which has grown upon us of confusing municipal, State and national matters. It has been forgotten that municipal administration and national party differences have nothing to do with each other, and that the question

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of the safety of travel in the streets, hygiene in the buildings, the administration of hospitals, the education of the young, the filling of positions on the Board of Health, the ability and honesty of judges, has nothing to do with the question of whether we are Democrats or Republicans. Matters have reached a point with us where a school commissioner, a street-cleaning commissioner, an employee of the department of accounts, is not appointed because of his ability or his acquaintance with the duties to be performed, but because he has voted for the President or Governor, or because he—or possibly only one of his influential friends—has had the loudest voice and indulged in the most violent gesticulations in the district meetings of his party.

Under these circumstances the People's Municipal League has done itself the credit to nominate a number of candidates for coming vacancies in the municipal administration, solely on the ground of their personal characteristics and abilities, without regard to their political affiliations, and to recommend their election to the people of New York. Several of the party organizations have already seen the necessity of waiving strict party nominations and supporting candidates of whom it is known that they will administer the affairs of the city in the interest of the city, without side issues and ulterior political motives. And it is in the hands of our German-American fellow-citizens, who give preference to a municipal administration that is honest and free from the party canker, as against the extravagant waste of the taxes, the filthy streets and poison-exhaling sewers, the inadequate and unhygienic schools and dwellings, to make an end of these abuses and of the tyranny of the political bosses, by electing the candidates proposed by the People's Municipal League.

## REPORT ON THE PREVENTION OF CONTAGIOUS DISEASES

ACCORDING to the annual report of the Health Department of the City of New York for the year ending December 31st, 1890, there died of croup and diphtheria, between the years 1866-90, forty-three thousand persons, nearly all of whom were infants and children; and in the twenty years between 1871-90 more than eighteen thousand of scarlatina. The estimate, therefore, of sixty-five thousand deaths from diphtheria and scarlatina within twenty-five years is not too high. As both of these diseases are spread by contagion, and, in the vast majority of cases, by contagion only, and for that very reason are preventable, the loss of life is an injustice committed against the dead and their families and against society.

The dangers of contagion by scarlatina and diphtheria are perfectly well understood. No general hospital must admit them. When a case makes its appearance in the wards it is sent to the isolation house, or, where there is none, to the Willard Parker or North Brothers Island in charge of the Health Department. A hotel keeper who understands his pecuniary advantage does not admit them. When a case breaks out he sends it off. But a week ago, within our personal knowledge, a child suffering from diphtheritic croup was so dislodged during inclement weather. If a hotel keeper, however—such instances are quite frequent—believes it to be to his interest to conceal a case, it infects his rooms; but he does not believe it to be to his interest to destroy or disinfect curtains and carpets and to go into expenses for washing, rubbing down, or repapering the walls. Thus the contagion is perpetuated. We happen to know of rooms and suites of rooms in big and expensive hotels in which we have met with cases of diphtheria several years in succession, the patients only being

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different, the disease germ, however, the same, and lodged in the same curtains and carpets.

If hotels mean to do their duty to the travelling public they must refuse to admit, or must expel, contagious disease. But what is becoming of the patients? Where are they to go? There is no place for them in all New York; even the few private hospitals in existence refuse to, and cannot, take them. We possess no *maisons de santé*, as they do in Paris. We ought to have many of them, for the number of strangers sick in New York is very great; they would be anxious to pay well for satisfactory accommodations. And what is becoming of those who are still well in a family in which scarlatina and diphtheria make its appearance? There may be no practitioner among you but has seen such things to occur as these: A family of strangers have been coming from or are going to Europe, or arrived from the country to stay here a few weeks for the sake of a change and of enjoying the great metropolis of the Union. They are living in a few rooms, and have no accommodations but their bank account. A child is taken with scarlatina or diphtheria; they must either move, or conceal the nature of the case if they can, while running the risk of infecting their whole flock.

Many have asked you where they can take the child; where to remove the well to protect them. New York has no answer to give.

It is true we have the Willard Parker Hospital, with its seventy beds, in a remote part of the city.

Seventy beds—and twenty-five hundred cases are permitted to die annually!

The Willard Parker Hospital owes its existence to the initiative steps taken in that direction by the State Medical Society in its session of 1882. The State Society's recommendation of establishing a special hospital for scarlatina and diphtheria was warmly indorsed by both the New York County Medical Society and the profession at large. It was hoped at that time that the Willard Parker would be but the first of a number of similar institutions, for it was believed that the benefit derived from that single one would be an encouragement to establish more

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like it. The need of them was well understood. In the inaugural address, delivered at the beginning of the session of 1882, the President expressed it in the following words: "It is certain that both scarlatina and diphtheria are contagious; also that the possibility and probability of contagion extends over the whole duration of the sickness, and is enhanced by the accumulation of the poison brought about by the accumulation of cases. Without thorough disinfection the poison is not destroyed, and remains active. It is also certain that when you enter a room full of healthy and boisterous children playing about the bed of one of them who is stricken with a bad or a mild form of diphtheria or scarlatina, a goodly percentage of the smiling crowd will be dead within a week or two; it is reasonably certain that the immediate removal of the one who is sick, or of those who are still well, would improve the chances of the first, and probably save them all. It is also certain that a case of diphtheria in comfortable quarters, in a well-to-do family, will infect its clothing, bedding, and all surroundings. The patient may get improved—have another attack more serious—may get well—will be taken again more seriously than before, and the case will not be checked in its road to destruction except by removal from its quarters, which are replete with comforts, poison, and death. Several such cases we know to have been saved by their removal to a proper isolating room in a public institution. Every one of you has seen those who have been or could have been saved by removal and strict isolation. That holds good both for those who live in infected, unclean, and reeking neighborhoods, and for such as inhabit the better and best parts of the city."

But a few brief months before these remarks were uttered and the State Society took action, an official letter of the Health Department expressed the condition of things at that time as follows:

"Our Reception Hospital is the only place we at present have for the care of such cases. The Reception Hospital was built, not for continuous occupancy, but merely as a place where cases of contagious disease may have shelter

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and be made comfortable while waiting for the arrival of the boat to convey them to the Island. Within the past year the buildings on the Island were so crowded with cases of small-pox, typhus and typhoid fever, that we have there no room for scarlet fever and diphtheria. Therefore, we have been compelled to take such cases as have been forced upon us and give them the best care we could at the Reception Hospital, though always at the risk of their taking some other disease. Our facilities for the care of such cases are so limited that we are often greatly embarrassed, being compelled frequently to refuse patients admission for want of room, greatly to our own annoyance as well as that of the patients' friends."

Nine years have passed since. No improvement has taken place except in the facilities afforded by the Willard Parker Hospital and its seventy beds.

The hope that the Willard Parker would be the first of many has not been fulfilled. It has accomplished all that could be expected, and nobody has had much of a fault to find with it during the few years of its existence. But it was a difficult task to obtain the appropriation to build it; and no Board of Apportionment was ever approached since to build more like it. Still, we require a second Willard Parker near the Battery; a third at West Eleventh or Twelfth streets, on the North River; a fourth between Sixtieth and Seventieth streets, North River; a fifth—one at least—in Harlem. The most serious cases—exactly those which are most in need of hospital isolation and treatment—cannot be transferred to a distant part of the city. The more numerous the accommodations will be, the more will they be appreciated and sought after; indeed, the Willard Parker is so distant from most habitations that the transfer of a patient is given up by many a family as a hopeless task, even where the existence of that charity is well known. This knowledge, however, is by far not universal. If there were such an institution in every part of the city, every householder would be acquainted with the fact, and the beds would not be vacant except in the seasons of comparative immunity.

A sad difficulty is that connected with the impossibility

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of protecting the well against contagion from a brother or sister sick in bed. The tens of thousands of families living in two rooms, one of which is dark, or in two lighted rooms with a few dark closets between them, or even those who have a whole floor to themselves, are in a hopeless position. Father and mother, or mostly the mother alone, takes care of the sick—and the well. No disinfection is of any use where the immediate contact is constant and unrestricted. Similar conditions are found even in better-to-do families that keep help. Where to send the well children? All their relatives and friends have children of their own and refuse to accommodate those who have been exposed to the infection. So they have to remain until they are taken sick, and pay the penalty of poverty or of insufficient care on the part of the family, and on the part of society at large, either with temporary or permanent suffering or extermination.

The rich must not expect to escape contagion. For many years, and repeatedly, has one of us emphasized the spreading of diphtheria and scarlatina—particularly the former—by adults who have the mild form, and prove daily his old assertion that there is as much diphtheria out of bed and out of doors as in bed. School teachers, business men, factory girls, hair dressers, seamstresses, laundresses, domestics, carry the disease from tenement to mansion, from mansions to burying vaults. The well-to-do classes are endangered by every case occurring in a distant tenement, and the means to relieve the latter protect the former. Thus protection of the poor becomes self-protection to the rich. It is by nothing better than by common danger and misery that the solidarity of fellow-citizenship is proven.

Therefore, besides new hospitals to receive the sick as soon as they are taken, there ought to be stations, refuges—call them what you please—where those children could be housed until the sick at home have either recovered or have been removed, and their residences, bedding, and furniture have become thoroughly disinfected. The number of those thus cared for would easily grow into the hundreds, sometimes into the thousands. Houses arranged

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for these purposes ought to contain common dormitories, also private rooms for such as can afford to pay for superior accommodations. Fifty cents a day ought to pay fully for the accommodation of those kept in the wards, to be paid for by the families or by the city. Perhaps the appreciation of the blessing procured and of the calamities averted, both from individuals and the communities, by the execution of such a plan, will so impress a wealthy fellow-citizen as to induce him or her to make the experiment with a hundred or two hundred beds. The secular press, which for years has been so anxious to open its columns to the discussion of matters of hygiene and public health, can find no subject more conducive to the public welfare than this. For this subject is no longer one of theoretical meditation, but one of practical citizen- and statesmanship.

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After the reading of the report the following resolution was unanimously adopted:

Therefore, your Committee on Hygiene begs to move that the Medical Society of the City of New York pass a resolution urging the increase of special hospitals for diphtheria and scarlatina, and expressing its conviction that there is no better protection against the multiplication of contagious diseases over the whole city than by providing temporary homes for the numerous children gathered around a nest of pestilence, from which there is no escape except in flight.

## AMERICAN CHILD-LABOR LAWS, 1891

WHAT I have to offer to-day is but a summary of facts and dates. It is good principle and practice to look about now and then, and view the progress made in any human sphere; not so much for the purpose of enjoying the sense of having accomplished much, as to behold the height you have to climb, so far above you.

A hundred years ago there was no law regulating the relation of the working people to their employers at all. Seventy-five years ago, and later, babies of three and four years had to work in mines as a matter of course, and died; little children were employed in sweeping chimneys, and died; the pauper quarters and poor houses were emptied of their babies and children, who thus proved the cheapest raw material that could be used in the interest of greedy industry. England, being almost the only country in which the industrial and manufacturing interests flourished, was the principal theatre of these abominations. But, having committed the first and greatest sins, she was the first to retrace her steps and legislate in the interests of the helpless creatures. Now, tentative and empirical as all the legislation has been both in England and other countries, it still has accomplished very much. Restrictions have gradually been found necessary and possible in regard to the ages of children to be employed, the number of working hours, the time of the day, the months of the year, and the character of the work; and in many parts of the world an educational test is applied. All these are as praiseworthy as they have proved successful. But the tentative and empirical nature of all such legislation is perhaps shown by nothing better than by the fact that the agricultural labors of the very young have never been included in any of the many acts provided for the protection of childhood.

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Legislation for the purpose of confining child labor within certain limits will be found parallel with the advancement of human and social culture in general. But to look upon the laboring children with merely a sympathetic eye and a warm heart does not cover the case at all. The question can be approached both with a sympathetic warm heart and from a calculating business point of view. In America the legislative interference with the old way of brutally abusing children was first launched against the manufacturers, to protect the young against the physical dangers resulting from premature and protracted work, confinement, bad air, and its consequences; also deformities, losses of limbs and lives. But the study of the discussions of legislative bodies and of the numerous annual reports of factory inspectors of a dozen States of the Union, and the provinces of the Canadian Dominion, for the furnishing of which I am under the greatest obligations to these gentlemen, has taught me that the laws enacted, one by one, with progressive improvements in their tendencies and results, were less the results of warm-hearted impressions than of clear-sighted statesmanship. Early child labor interferes with schooling and education. Child labor means ignorance; ignorance means helplessness and poverty; poverty means, or may mean, and does mean in a hundred thousand cases, shiftlessness and poor-house, crime and prison. Thus human society protects itself, the State secures itself, by setting its face against premature child labor. The dwarfed physical condition may people the hospitals and degenerate the physical state of coming generations—a great misfortune. But, what is more, the results of ignorance and the mental degeneration depending thereon will destroy the life of any nation. We in America are in great danger. In their first report the factory inspectors of the State of New York (1887) make the statement that American-born children were less educated than many foreign-born, to such an extent that many did not know even the name of the State they lived in.

This looks almost impossible with our American public-school system. But it must not be forgotten that the

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children of the most forlorn and ignorant immigrants are called American-born, and are very numerous; and many of those children who themselves come from foreign parts, Germany for instance, have profited by the system of compulsory education prevailing in their former countries. Now, the very lowest politician amongst us has an interest in the stability of the Republic; the good citizen and the statesman look upon the permanence and perfection of its institutions as the safeguard of its own future, and as an example for, and the future of, mankind. What if the generations of America get drowned in ignorance? Our dangers at this very time are very great. We have to digest and amalgamate the seven millions of negroes, and as many more illiterate foreigners who found a haven on our shores, and help to develop onward their material resources. But while so doing the tornado of the immigration of the scum of Europe, the sunny South, the far Southeast, the mediæval East, is sweeping over our land. Our country gives them citizenship within five years. Many of us are afraid lest the conservative high-mindedness of the united republics will cause the victory of ignorant and uncouth hordes over an established civilization.

Education is the only safeguard, but education requires time, and time that must not be spent in manufacturing establishments. Early child labor interferes with child education. That is why most American States have tried to defer the age at which labor in manufacturing establishments is permitted; that is why they insist upon compulsory schooling.

The Commission of the British Parliament appointed in 1875 to consolidate former Acts (those of June 22d, 1802, of July, 1819, of January, 1833, of 1864, 1867, 1874, and many others) reported in February, 1876. Its work resulted in "The Factory and Workshop Act, 1878." English legislation was imitated by Austria-Hungary in 1859, France in 1874, Switzerland in 1877, Germany in 1878. Of the English possessions the Presidency of Bombay enacted laws regulating factories and workshops up to 1882, the province of Ontario in 1884, and that of

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Quebec in 1885. Some of the United States took the matter up soon after the British Consolidation Act—New Hampshire in 1879; Maine, Rhode Island, Vermont, and Maryland in 1880; Massachusetts in 1882; New Jersey in 1883; Ohio in 1884; New York in 1886; Connecticut and Wisconsin in 1887; and Pennsylvania in 1889. It will be noticed that no Southern States are mentioned; but it must not be forgotten that these States, particularly Georgia and Alabama, are just entering upon their period of participating in the methods of industry and commerce of modern civilization. The same may be said of many Northern, or rather Western, States.

The "Second Biennial Report of the Bureau of Labor Statistics of the State of *Minnesota*, 1889-1890," by John Lamb, Commissioner, contains much valuable material. Unfortunately, the State of Minnesota has no laws prohibiting or regulating child labor.<sup>1</sup> It is true, however, as I stated before, that the system of employing children in factories has not become so prevalent in Minnesota as in many of the Eastern, Southern, and Central States. Less than half a dozen establishments are distinctively operated by child's labor. Nothing short of a census inquiry can reach the bulk of the children employed, for they are scattered and isolated. Still, the great manufacturing and mechanical industries of this State are not of the class wherein child labor can be, to any extent, profitably employed.

The legislation of the State of *Wisconsin* is about as defective as that of Minnesota, and for the same reason. Only Section IV., referring to the "Powers and Duties of the Bureau of Labor and Industrial Statistics," speaks of the duty of the Commissioner to examine . . . "the employment of illegal child labor, the exaction of unlawful hours of labor from women and children. . . ."

But factory legislation referring to children does not always depend on external and material conditions, but

<sup>1</sup> Personal letter from Mr. L. G. Powers, Commissioner: "Minnesota has no laws relating to child's labor; hence there is no attempt made to place any restriction upon it."

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sometimes on the state of public conscience and social culture, which are not always identical even in the older commonwealths, and perhaps even sometimes on mere thoughtless conservatism. Consequently the regulations and stipulations differ very much in different communities; many resemble the British, many are more advanced, and many lag behind.

Thus, for instance, Mr. James R. Brown, Inspector of the Central District of the Province of *Ontario*, Canada, finds fault (1890) with the legislation in force, and, referring to the State of Ohio, where nobody less than sixteen years old is allowed to engage in hazardous occupations, insists that fourteen years should be declared the minimum age for such employment. Mr. O. A. Roque, of the Eastern District, proposes sixteen years for the same purpose, and adds, in referring to another topic: "In my report of 1888 I stated that the inspectors would be considerably assisted in preventing the employment of young children in factories by the putting in force of the school law, compelling them to attend school, but up to this time I have observed that no such steps have been taken in any locality in my district, except perhaps, in the city of Ottawa. I consider that this object could be more effectually attained by an amendment to the Act preventing the employment of children under fourteen years of age in any saw-mills, and of children in any factory covered by the Act under the age of sixteen, unless such children are able to read and write, and a certificate to that effect be furnished to the inspector whenever required."

From a paper read in New York by Inspector Barber, of the Province of *Toronto*, Canada, before the Fourth Annual Convention of Factory Inspectors, in August, 1890, and from official documents kindly sent me by that gentleman, I present the following statements: The Ontario Factories Act, in force in the Province of Toronto, became law in 1884, but the inspectors, of whom there are three, were not appointed until late in June, 1887. By the definition of a factory (including workshops) no place of employment comes within the jurisdiction of the

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Act unless there are at least six persons employed; originally the number was twenty-one persons.

No girl under fourteen years of age, and no boy under twelve, may be employed. Boys between twelve and fourteen years of age must produce a certificate of age from a parent or guardian. This is to prove that such boy is actually of the alleged age. No certificate of age is required for girls, but the inspectors occasionally demand one when they are of opinion that a girl is not fourteen years old. The inspector also has the power to get the opinion of a physician as to a child's age, and such opinion overrules the statement of a certificate, if at variance with it.

The hours of work for boys under fourteen years and females of any age are restricted to sixty a week and ten a day; but the day's work may exceed ten hours on condition that the number of hours so exceeded be taken off Saturday's working hours.

The Act in no way restricts the working hours of males fourteen years old and upward, nor does it fix the time, day or night, for beginning or ceasing work. So long as sixty hours a week are not exceeded by females and children, they may work by day or by night, as the case may be.

The chief industries in Ontario that utilize the overtime clauses of the Act are confectionery, gloves, hosiery, knitted goods, shirts and collars, ladies' underwear, ivory buttons, fruit-canning factories, flannels, and blankets. The confectionery trade is pressed with orders in November and December. The trade in clothing and textile fabrics increases during the season. Fruit and vegetable canning factories frequently, when the hour for ceasing work approaches, have a quantity of fruit in process. So the law has given considerable latitude to these industries. For the latter industry there is no restriction as to the age of children employed, so long as their work is previous to the cooking process; after that process the general law applies in any case. Sixty hours are a week's work for all males and females under fourteen years old, except under the overtime permit, when twelve and one-half hours extra may

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be worked in five nights if it can be done by nine o'clock. Females eighteen years old and upward may work later.

Here are plenty of loopholes for the carelessness of parents and the greediness of trade.

The Province of *Quebec* adopted on December 30th, 1890<sup>2</sup> the following:

No male child aged less than fourteen years, and no girl aged less than fifteen years, can be employed in a tobacco or cigar factory. In factories indicated in another list as unhealthy and dangerous, the age of the employed cannot be less than sixteen years for boys and eighteen years for girls.

In all factories other than those above mentioned the age must not be less than twelve years for boys and fourteen for girls.

There is no law that children and women must not work in the night. Under the law, however, the time between midnight of Saturday and midnight of Sunday must not be utilized. Indeed, alternate gangs have been kept at work in many instances.

There is no sort of compulsory education law, and no educational test like that of Great Britain. Therefore, one of the inspectors recommends half-time work for children, particularly as it has been found by experience that, though there be evening schools, the overworked children cannot avail themselves of them.

In *New Hampshire* no child under ten is to be employed by any manufacturing corporation. No child under twelve who has not attended the school of the district the whole time it was kept open. None under fourteen, unless he have attended school six months. None under fifteen, more than ten hours per day, without written consent of parent or guardian. None under sixteen, unless he have attended school for twelve weeks during the preceding year, and no child under said age shall be employed (except in vacation time) who cannot write legibly and read fluently "in the readers of third grade."

<sup>2</sup> Not until then was there anything like a classification of dangerous trades.

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The law of *Maryland* prohibits the employment of children under sixteen years of age in factories for more than ten hours per day, but has no limitation of age.

In *Rhode Island* no child under twelve years of age can be employed in any manufacturing establishment. None between twelve and fifteen more than eleven hours in any day, nor before 5 A. M., nor after 7:30 P. M. None under fifteen, unless he have attended school at least three months during the preceding year; and no such child shall be employed for more than nine months in any year.

In *Vermont* children under ten must not be employed at all; between ten and fifteen, not in mill or factory, unless they have received three months' schooling the preceding year; under fifteen, not more than ten hours per day.

The Child Labor Law of the State of *Maine* prohibits the employment of minors under twelve years of age, and fixes ten hours per day as the maximum length of time in which all children between the ages of twelve and fifteen are permitted to work. The "Fourth Annual Report of the Bureau of Industrial and Labor Statistics for the State of Maine, 1890," by Samuel W. Matthews, Commissioner, August, 1891, remarks that a number of large manufacturing establishments do not care to employ children between the ages of twelve and fifteen, for this reason: Under the present law the children between the ages above named are compelled to attend school for a part of the year, and, owing to this fact, many establishments have substituted older help in place of these school children. It also complains that it is more the parents than the manufacturers who openly or stealthily oppose the law; and also that there is no uniform system as to the issuing of school certificates; and, lastly, that there is no good compulsory education law. The law in *Maine* to compel the attendance of truant children is practically a dead letter, and has been so for years, excepting in one or two cities where special officers are provided to enforce it. The manufacturer often complains that he sends the children out of his establishment to go to school, but instead of so doing they spend their time running about the streets. Therefore, a law similar to the New

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Jersey Compulsory Education Law of 1885 is recommended.<sup>3</sup>

In the State of *New Jersey* no boy under the age of twelve years, nor any girl under fourteen years of age, shall be employed in any factory, workshop, mine, or establishment where the manufacture of any goods whatever is carried on, and no child between the ages of twelve and fifteen years shall be employed in any factory, workshop, mine, or establishment where the manufacture of any kind of goods whatever is carried on, unless such child shall have attended, within twelve months immediately preceding such employment, some public day or night school, or some well-recognized private school; such attendance to be for five days or evenings every week during a period of at least twelve consecutive weeks, which may be divided into two terms of six consecutive weeks.

In *Massachusetts* no child under 13 years of age shall be employed at any time in any factory, workshop, or mercantile establishment. No such child shall be employed in any indoor work, performed for wages or other compensation, to whomsoever payable, during the hours when the public schools of the city or town in which he resides are in session, or shall be employed in any manner during such hours unless during the year next preceding such employment he has attended school for at least thirty weeks as required by law.

No child under fourteen years of age shall be employed in any manner before the hour of 6 o'clock in the morning or after the hour of 7 o'clock in the evening. No such

<sup>3</sup> The New Jersey Compulsory Education Law of 1885 enacts "that in all cities having a duly organized police force, it shall be the duty of the police authority, at the request of the inspectors of factories and workshops, or of the school authority, to detail one or more members of the said force to assist in the enforcement of this Act; and in districts having no regular police force, subject to this Act, it shall be the duty of the Board of Education, or the school district officers, to designate one or more constables of said city, township, or village, whose duty it shall be to assist in the enforcement of this Act, as occasion may require."

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child shall be employed in any factory, workshop, or mercantile establishment, except during the vacation of the public schools in the city or town where he resides.

No child under sixteen years of age shall be employed in any factory, workshop, or mercantile establishment, unless the person or corporation employing him procure and keep on file the certificate of his having obtained a common school education.

No child who has been continuously a resident of a city or town since reaching the age of thirteen years shall be entitled to receive a certificate that he has reached the age of fourteen, unless or until he has attended school according to law in such city or town for at least thirty weeks since reaching the age of thirteen, unless such child can read at sight and write legibly simple sentences in the English language or is exempted by law from such attendance.

In reference to the condition of things in Massachusetts, I quote a few remarks from the report of the Chief of the Massachusetts District Police for the year ending December 31st, 1889. He states that the main objections and obstructions both in regard to education and to age come from the parents of the children to be employed, that the manufacturers have now and then discharged minors who have refused to visit evening schools. It is also complained that the law referring to compulsory education and school certificates is still ambiguous; but it is claimed that eighty per cent. of children between ten and fourteen, formerly at work, are now receiving an education; and that there are but few illiterate minors where evening schools are maintained. Particular stress is laid, and justly so, on Chapter 348 of the Acts of 1888, Section 2, which reads, "No child under fourteen shall be employed in any manner before the hours of 6 A. M. or after 7 P. M.," and refers to theatres or other places of amusement.

But under the laws of *Ohio* the employment of children under twelve years is only forbidden in manufacturing establishments, while other industries—for instance, the work in mercantile establishments and hotels, and the mes-

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senger service—are entirely unrestricted. This is certainly wrong, inasmuch as in many particulars this labor is as pernicious as the rest, both physically and morally. Besides, much of the labor connected therewith has to be performed in the night, to the detriment of the general condition, and particularly of the eyesight. Indeed, Section 6896 of the Revised Statutes of Ohio forbids the employment of children under 18 years for a longer period than ten hours per day or sixty per week, but it matters not when this employment takes place, whether during the day or night. This compares unfavorably with New York and Massachusetts, both of which forbid the employment of children under eighteen and of women after 9 o'clock P. M.

Still, on the 8th day of April the General Assembly of the State of Ohio passed an act to prevent the engagement of children in such employment whereby their lives and limbs might be endangered, or their health injured, or their morals be likely to be impaired.

In order to secure uniform obedience to the law, the Chief Inspector of Workshops and Factories, Mr. William L. McDonald, distributed directions<sup>4</sup> in reference to very numerous "employments at which children under the age of 16 years shall not be engaged."

In the State of *New York* no child under fourteen years of age can be lawfully employed at any time, or for any period, however short, in any manufacturing establishment.

No child under sixteen shall be employed in any manufacturing establishment who cannot read and write simple sentences in the English language, excepting during the vacations of the public schools in the city or town where the child lives.

The name and age of every child under sixteen years of age must be posted in the room wherein it is employed. A register must be kept of all children under sixteen years

<sup>4</sup> Seventh Annual Report of the Department of Inspection of Workshops and Factories to the General Assembly of the State of Ohio for the year 1890. Columbus, 1891.

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of age employed in manufacturing establishments; in such registers must be recorded the name, birthplace, age, and place of residence of such children. This affidavit and the register must be produced on demand made by the factory inspector or any of his deputies.

To violate or omit to comply with any of the foregoing requirements is a misdemeanor punishable by a fine of from twenty to one hundred dollars, or by imprisonment of from thirty to ninety days, or by both fine and imprisonment. To swear falsely to any affidavit as to age, etc., is perjury, and punishable as such.

In *Connecticut* no child under thirteen years can be employed in mechanical, manufacturing, or mercantile establishments at any time. Children between thirteen and fourteen may be employed if they have attended school for sixty days within the preceding twelve months. Children under thirteen and over eight may be employed if they have attended school for one hundred and twenty days within the previous school year, but not in a mechanical, manufacturing, or mercantile establishment.

In *Pennsylvania* no child under twelve years of age shall be employed in any factory, manufacturing or mercantile establishment. No child under sixteen shall be employed, unless there be first provided an affidavit, stating the age, date, and place of birth of said child. No minor under sixteen shall be allowed to clean machinery while in motion. But no person, firm, or corporation employing less than ten persons who are women or children, shall be deemed a factory, manufacturing or mercantile establishment within the meaning of the law.

This latter clause is unfortunately found in the laws of a number of States. Thus it is that under the authority of Society any number of children may be employed and overworked. Besides, the agricultural work, the messenger service, and minor occupations about the houses, restaurants, etc., are not considered at all. The theatrical business is mentioned in the law of Massachusetts only. Thus the working of the laws, such as they are, leaves much to be desired. Still, things are much improved compared with what they were before the enactment of those

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laws, and compare favorably with the conditions of the factory children both in Great Britain and Canada.

How timely legislation in their favor really is, is best proven by the prevailing tendency to coerce them into factory service.

The Census Tables of the United States of 1870 and 1880 exhibit an increase of population of 30.23 per cent. The increase in the number of those actually engaged in gainful occupations was much greater, and a disproportionate share of the increase falls in the class between ten and fifteen years of age. This class was represented in 1870 with 739,164; the ratio of increase of this class was 18.65 per cent. and would make the proportionate number 877,018. The actual number employed, however, was 1,118,356, with a relative excess of 241,338.

The object of child-labor laws is to prevent the child from being abused in the interest of production, and from being crippled in its normal development. The final evolution of mankind on the road to culture and humanity must necessarily include the full development of mental and physical forces of the growing individual before the latter is compelled to participate in the labors requiring both. However, for the period of social progress at which we have now arrived, this view may appear utopian. But the very ideas regulating our present intercourse, and the mutual relations of capital and labor, would have appeared utopian centuries ago. So-called impossibilities have disappeared suddenly, when least expected. Mankind will sometimes adjust long-continued grievances, which appeared to be as firmly settled as the rocks, in sudden explosions. That solemn August night, a hundred years ago, which did away with feudal and class privileges and prejudices in France, and the outbreak of a civil war to wipe the spot of human slavery from the face of United States, prove the possible proximity of the unexpected, and the perfectibility of the race.

Thus we have reason to hope that child labor will be more and more limited and finally disappear. No hard labor ought to be expected of the individual as long as he is not fully developed. Nor is it required. As early

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as 1876 the Royal Commission appointed in 1875 reported as follows: "We have no reason to believe that the legislation which has been productive of such marked benefit to the operatives employed has caused any serious loss to the industries to which it has been applied. On the contrary, the progress of manufacture has apparently been entirely unimpeded by the Factory Acts; and there are but few, even amongst the employers, who would now wish to repeal the main provisions of the Acts, or would deny the benefit which has resulted from them."

I do not care to discount the distant future, when those able to work will by common consent be compelled to contribute their share to the required production of material and intellectual goods; when the working power of millions of able-bodied men will no longer be spent on the gorgeous display of alleged preparations for war, and other millions will no longer waste time and opportunities on distributing goods by waiting for, and on, customers; and when the labor necessary for the accumulation of products will be no longer demanded from those who would serve society better by first developing their physical and intellectual powers. Therefore, for the time being, we have every reason to greet with satisfaction the wisdom of additional legislation, as suggested by the Committee on Resolutions of the Fourth Annual Convention of the International Association of Inspectors of Factories and Workshops of North America, held at New York City, August 27th-30th, 1890, in the following words: "To prevent the employment of children in factories, workshops, and mercantile establishments under fourteen years of age, and compelling all children of such age, and all unable to read and write intelligibly the English language under the age of sixteen years, to attend some public or private school until so qualified. To prevent the employment of any child under sixteen years of age in any hazardous occupation, or in which its health is liable to be impaired or its morals corrupted, and the employment of any minor under eighteen years of age, or of any woman later than 9 P. M. or earlier than 6 A. M. of any day, and that no minor under eighteen years of age, or woman, shall be em-

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ployed more than sixty hours in one week; and we recommend that all legislation for regulating the hours of labor and the employment of women and minors be made uniform in the several States, excepting in the Province of Quebec, where French is spoken generally, where the same degree of efficiency should be required in the French or English language, here represented. That laws be enacted in all States and Provinces requiring that at least two hundred and fifty cubic feet of air space be provided for each person employed in workshops during the day-time, and four hundred cubic feet during the night-time, and that adequate means for free ventilation be provided; and we deem it advisable that children in our public schools be taught the importance of the preservation of health in all conditions of life, and a knowledge of the laws of hygiene and sanitation."

“(Signed) EVAN U. DAVIS (Ohio),  
L. T. FELL (N. J.),  
JOS. M. DYSON (Mass.),  
JOHN FRANEY (N. Y.),  
ROBERT BARBER (Canada),  
W. S. SIMMONS (Conn.),  
*Committee.*”



## THE PLACING OUT OF JUVENILE OFFENDERS

*Mr. Chairman:*

THE honor of the request to contribute to the discussion of Mr. Carpenter's paper I accepted without hesitation, even with eagerness. I thought I could render a public service by pleading the placing out of children in contradistinction to their institutionizing. Not being aware of the results obtained by the institution (and probably others) superintended by Mr. Carpenter, the lecturer of this morning, I supposed I had still to deal with conditions and practices fought by me nearly a generation ago. At that time I could prove that almost every baby confided to a certain public institution, and remaining therein but a few months, had died, and I claimed that placing out was the only method of saving life and complying with the just demands of civilization.

From Mr. Carpenter's paper, which deals with older children, I learned that the practice of placing out juvenile offenders has been carried out since 1855; that altogether three thousand and fifty-three children have been thus disposed of, and that the results of that practice have been almost universally good. The principles and the methods of their realization have been detailed in a few pages of the pamphlet which bears the title, "General Information respecting the New York Juvenile Asylum." To it I have the honor of referring you. The best feature of its teachings is this: that the children are not treated, as far as possible, according to iron-clad rules. Account is taken of their individualities. Even the regulation that a child must remain in the Juvenile Asylum two years before being placed out, in order to purify him of his spots and crookednesses of his existence, is often modified. Even the methods of placing out those who do not return to their homes

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in New York are variable. Those who are so placed out are one-fourth part of all who have been admitted.

Comparing the reports and papers contained in the fourth volume of the Transactions of the Seventh International Congress of Hygiene and Demography, held at London in 1891, I find that the system followed in Great Britain with regard to truants and juvenile offenders of all kinds is not at all like that described by Mr. Carpenter. It is for that reason that the results can hardly be the same, though the same end be aimed at. In 1891 they had in England 19 truant schools and 55 reform and 141 industrial schools. The former had 3,276 inmates in 1859 and 5,854 in 1890; the latter, 2,462 in 1866 and 22,735 in 1890. The truant schools received their inmates for a period of from a few weeks to the end of the sixteenth year. They were sometimes discharged; when relapses were reported, the parents were given reminders. When they proved ineffective, the children were taken away to an industrial school. The proper attachment to it was enforced in the beginning by a few days of solitary confinement; in 1891 we were told that the London School Board was "now opposed" to this procedure. The reform schools had always a prison system, and left a stigma for life on the inmates, who were old and young, good and bad, in a chaotic mixture. I was present when the statement was made that these schools were rather a success, but at present on the decline. We were not told the nature of the success.

The placing out they speak of in connection with these schools means apprenticeship after the school period. Places were always obtained for the boys, ninety per cent. of whom were said to have got on well. It is to be remembered, however, that weakly and deformed children are excluded from the schools; as no disposition is made of them, there can be no doubt that there are but two classes of public institutions in which these deformed waifs will turn up—viz., hospitals and prisons, or both.

The discord produced in the soul of the hearer was lulled only by a remark of Miss Davenport Hill (page 174), who said that "many children sent to an industrial

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school need only healthy family life to turn them into well-behaved boys and girls."

The importance of institutions for juvenile delinquents of all classes cannot be overestimated. Even such as leave much to be desired are better than none. The starving, dirty, loafing, and criminal boy is better off with a regular meal, a good scrubbing, industry, and watching. Under the proper supervision he can be made to learn order, cleanliness and the elements. Some may succeed in attaining that in a short time; but certainly those really vicious, having become so by heredity, by acquired physical and psychical defects or diseases, and by the bad examples of the street or home, require strict watching through many years. Indeed, there are creatures so abnormal that they are, and always will be, a constant danger to society; the time will come when society will, before harm is done by the irrepressible criminal instinct, take charge of such forever, in the interest as well of society as of the faulty individual. This class of inmates Victor Desguin (page 175-186) wishes to gather in agricultural colonies. There can be no doubt in my mind that, if ever there be a possibility of reclaiming this class of delinquents, no placing out in families only, but strict supervision in an institution of some kind or other is demanded. In every case, however, there are great difficulties. I believe that great superintendents are as scarce as great rulers of nations. A superintendent—as also some of his aids—must be a healthy man in body and soul, active, firm, patient, and self-sacrificing. That is why the experience of a single institution is not conclusive. For while the principles laid down may be the same for all of them, their realization depends on a single man, who may be either ideally competent or fail in his purposes altogether. For be he ever so competent personally, his results depend to the greatest extent on his help. Subordinates are liable to be the reverse of angels. Whoever, for instance, has but watched the promenades of orphan schools and similar institutions, the children perhaps well clad, walking in exemplary order, and attended by adults, mostly females, must have occasionally noticed, as I have, the frequent

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outbursts of brutal anger and tyrannical tirades, not couched in choice words, which are more hissed than spoken. All of the children suffer from them; some are trained to be cowards, some hypocrites, some rebels.

In institutions of the kind with inmates ranging from seven years upward, the danger to health or life—which is unavoidable where infants of tender ages are accumulated—does not exist. Most of the diseases of childhood have been endured or passed by, and the mortality of that age is but trifling. During the first six years of life mortality is so great that one-half of all the deaths occur during that period. Of 100 deaths in New York City, 29.63 take place in the first year, 10.03 in the second, 4.37 in the third, 2.40 in the fourth, 1.64 in the fifth, and 3.20 in the sixth—that is, 51.28 in the first six years. The period from the sixth to the eleventh year furnishes but 1.5 per cent. of all the deaths. Thus there is comparative safety as far as life and limb are concerned.

But there are drawbacks which have not escaped the attention of psychologists and wise disciplinarians. After the influences of street and previous home have been overcome, there is the danger of the uniformity of the impressions which must needs dwarf individual development. The number of inmates is too large for individual training and teaching; the mental and emotional last is apt to be the same for all. It may happen that the same uniform character is developed in all; if it be not genuine, it may be but varnish, or, in many instances, engender dissimulation.

The influence of the children, however, upon each other may prove a still more serious danger. If they be kept many years, you have them younger and older, weak and strong, vicious and good. They will learn from each other—bad qualities are more contagious than good ones; indeed, those evilly inclined have always a greater influence than those who are well disposed. The latter are more liable to submit to the aggressive boastfulness of those morally inferior. The contagion of vice is greater in all ages than that of virtue. The latter is more negative and unobtrusive. Bad examples, smutty words, loose habits—

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sexual degeneration being very common in large schools and institutions—create a bad atmosphere. There is a moral atmosphere, as there is a meteorological one. The influence of a bad heart and bad habits is a psychical malaria from which everybody suffers who is within its reach, producing a general deterioration. Though there be no marked criminality, a moderate number of cases with slight moral ailments will spoil the average. A sick-ward with a single typhoid case may not be endangered; if you accumulate more cases the disease will spread. It is distribution and dissemination that give safety. Thus it is that the general health of the community is thoroughly vitiated by the aggregation of many instances of physical or moral sickness, though the single cases be but mild.

There is another consideration. The institutions are large edifices, no longer houses or shanties. They are big, comparatively luxurious, equipped with much comfort. The meals are always ready at certain hours, bathrooms are handy, the work is done, most of it, invisibly for most of the inmates. They are served even without their asking, and the necessities of life are furnished without their raising a hand in co-operation. Even if they be called in to help under the rules of the place, everything is on a large scale and under a system of divided labor, and makes them unfit and untrained to adapt themselves to other and smaller surroundings. If they be discharged after many years, they are but little prepared for the battle of life. Every development ought to be gradual; no transition must be sudden and abrupt.

The records of the placing-out system, as carried out under the supervision of the Juvenile Asylum (and the Children's Aid Society also), look more favorable and more encouraging. The placed-out children, after having been carefully trained a year or two and weaned of former impressions and habits, participate in the family life of the people they live with. No stigma need cling to them; personal attachments are formed, at home and at school, with children and adults of different ages and stations in life. If they remain they form part of the growing population. They are accustomed to think for themselves

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and attend to themselves; there are no halls and dormitories lighted with gas, no dining-rooms warmed from an invisible source below, no bathroom ready for them, exactly as for those better situated. They learn the difficulties of life and also the satisfaction at conquering them. In this way they grow up men and women of the people, to whom they belong as an integral part. Meanwhile, it is expected that the institution from which they came will take note of their development; change their quarters, if they happen to be badly selected; look out for opportunities of school, church, and trade in proper time; return those evil disposed to the mother institution for months or years; change residence, if the soil prove malarious; select the consumptive for emigration to a State with better climatic facilities; and may aid the pre-eminently gifted to embark in professional studies. I imagine it has been so. If not, or not quite so, the influence of conferences like yours ought to accelerate the realization of these postulates.

This looks almost ideal under the circumstances of the nineteenth century, and practically, I am afraid, it does not always work to entire satisfaction. In the very Juvenile Asylum children are admitted either because of poverty and for a home, or for truancy, disobedience, vagrancy, stealing, etc. There is a mixture of causes for admission which cannot possibly lead to the desired results. From what little I could say in the few minutes allotted to me, it is clear to my mind that these several classes belong to different institutions and ought not to be placed in a position where the leaven of iniquity can work. The *multiplication, not the diminution*, of institutions is a necessity; and in this, as in another point, I differ entirely from some of the opinions expressed during the course of your discussion. Very large institutions are always unwieldy and fail in reaching the individual. We require *many and small* institutions, if we must have them. If that end cannot be reached under the present way of managing institutions, which makes it an object to the trustees to gather in many hundred head-moneys, blindly furnished by the tax-paying community, the system must

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be changed. The dangers arising from institutionizing in general fall on the community at large. It is human society which suffers from the ailments, iniquities, or incompetency of those who once were its wards, and is held responsible for their shortcomings through life. It is almost incomprehensible that the municipality and the State should furnish large funds to private persons, anxious to act as trustees, who may have plenty of sentiment and good-will, but need not have business competence and logic, to take irresponsible charge of the people's money and hundreds of children, the future citizens of the Republic. It is dangerous, however, to make such statements, or perhaps it was so. When, a generation ago, I directed the attention of those who were concerned to the fact that a so-called private institution to which I was attached, received eleven dollars a month for every inmate from the city, one hundred thousand dollars annually from the State, and six hundred dollars only from private contributions, I was expelled. And here I am with the same heresy, and the claim that the city and State are not only responsible for the funds required for the supporting, training, and directing their neglected and refractory children, but owe it to themselves and to their own safety to see to it that they are compensated for their constant outlays by raising independent, self-supporting, and fair-minded men and women.

There is another point of difference between me and some of those who have expressed the opinion that the number of dependent children in charge of the city (I will add the State, or society) is too large. I urge my point with much hesitation, as I have to dissent even from the lecturer on "Dependent Children in New York," who appeared before you day before yesterday, and whose opinions I have learned to esteem very highly these many years of her searching, fearless, and beneficent labors, both in private and public capacities, in the service of unhappy childhood. What I believe and urge is that the city takes care of *too few* children, instead of too many. First of all, no statistician can ever tell how many cases of waywardness, irregular habits, and criminal propensities and

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wrong actions on the part of the children are to be laid at the door of the city. It is not long ago that nearly twenty thousand children, more or less, found no place in the public schools. This very day there is no room for school children who seek admission. Thus, much of what we complain of, and what you try to remedy by other measures, is an artefact of our own making. Secondly, we have a large class of people amongst our immigrant population who are unfit to raise their children so as to become valuable citizens. If many of them could be deprived of their offspring it would be a blessing, both for the latter and the community of which they are some day to become members. Meanwhile they grow up in ignorance and, consecutively, vice. But that cannot be done under our laws. Still, many of the inmates of our institutions are just these neglected and unschooled children. Thirdly, those parents whose children have become intractable and perverse because of their own shortcomings or insufficiencies, are forever unfit to deserve being trusted with the bringing-up of their offspring, whom they will raise or allow to develop into criminals. They ought not to be trusted with the sacred office of raising the young. Unless the city or State take charge of them they will grow up enemies of the community. It is preposterous that no fault is ever found with the appropriations for police, penitentiaries, State prisons, and electrical chairs, and for new courts of justice and their various officers, but there is a hue and cry over appropriations when required for preventing the dire necessity. The ounce of prevention is refused with obstinate clamor, the cost of the pound of doubtful cure is meekly submitted to.

The children who at present crowd the dens and side-walks, grow up without schooling, under the influence and control of illiterate, careless, criminal parents, and of the examples of their neglected, brutal, thieving, depraved neighbors, with soiled souls under their dirty skins and rags, hungry, and therefore, malicious, not to speak at all of those whose very system is physically predestined to moral deficiency and criminal tendency—they are those whom you have to meet somewhere, either in institutions,

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not to reform, but to form them; in places you pick out for them where they can be brought up, away from the din and mire of the large city; or in future at the voting places, where they select your masters; or on the highways, or in the hospitals, the lunacy asylums, the prisons. Is that overdrawn? Or is it that this class must be, after all, looked upon as the benefactors of benevolent society? Is it not ludicrous and farcical, worthy of Mephistophelian philosophy, that the liquor saloons, which aid in feeding vice with all its appurtenances and dangers, furnish the bulk of the money you eagerly receive for your institutions?

The city and State require sober, industrious, and fairly informed citizens. The neglected population can become so only when taken by the hand early. The larger the number you save from the streets, dens, brutality, and bad example, the better. Let your class of dependent children be as large as possible. It is large and is growing. There will never be a stigma attached to those whom the community protects, to save them and itself at the same time. That is the problem, as it must be the programme, of the present and the future. By performing this duty toward ourselves—call it humanitarian, politic, socialistic, what you please—and by accepting the watchword of socialism, love and solidarity, we shall, for we have to deal with multitudes, escape political deterioration and anarchy.

Have we the means? We have ample funds for police and prisons, for capitol, court houses, and cathedrals, for speedways, docks, and asphaltum; we can certainly, if we wish, build school houses for our children, and institutions for the indigent, and can afford to elaborate plans and raise the funds for the improvement of neglected childhood, not only in their interest but that of the community and ourselves: indeed, a slight change of the verse of the New Testament covers it all: What you do unto the lowliest of them, you do unto yourselves.



## ADDRESS IN THE INTEREST OF A BUILDING FOR THE NURSES' TRAINING SCHOOL OF THE GERMAN HOSPITAL, 1892

GENTLEMEN: It gives us physicians great pleasure on this occasion to express our satisfaction over the fact that we fully and entirely agree with the ideas and intentions of the Board of Managers of the German Hospital and Dispensary. For it is question of a plan designed to strongly develop the practical and philanthropic purposes of the Hospital, and to carry to full completion the advantages that are to be found by the community at large in a large and well-organized Training School for Nurses.

The privilege of addressing you on this matter I undoubtedly owe to the fact that I am the last of the founders of the combined Hospital and Dispensary to have the good fortune to enjoy their success while still in their active service. Perhaps to the further fact that one or the other of the gentlemen in charge of the arrangements recalled that a long time ago, when we were on the point of committing grievous errors in the organization of our nursing, I insistently but vainly took a stand in favor of having our own nurses' training school.

The necessity in which we found ourselves for years, of drawing our men and women nurses to a considerable extent from the class of the unemployed and helpless, who merely accepted employment with us to tide them over their immediate needs and promptly gave up the despised and supposedly inferior and burdensome occupation of sick-nursing as soon as other work presented itself, cannot be looked upon as a mistake, but as an unavoidable evil. We were in exactly the same position as the public. Men nurses were extremely rare, anyway; the few better ones of that period would hardly appear desirable or suitable at the present time. One of these cared for a case of

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petechial typhoid under my charge in 1866; I remember the man well and gratefully acknowledge his good-will and his devotion. But even he, one of the best, would hardly be accepted by one of you to-day. The greater part of nursing lay in the hands of relatives and other members of the household. You will all know from personal experience how with these feeling dominates over knowledge, inexperience over acquired ability, loving anxiety over useful courage. And still this care was better and more conscientious than that given by women hired for the purpose. The older ones among us will distinctly remember this class. These women, to whom the care over health and life of loved ones had to be entrusted, were filled with a pride in their constantly recurring mistakes, which they naïvely or boldly proclaimed as "experience"; of an incredible ignorance which they had acquired in the course of attending many sick cases or confinements; of a presumption that is bound to show itself in all those who reach any position of authority or superiority, without previous education or natural talent; of an impudence toward the personnel of the household that made the latter look anxiously for final relief from this tyrannical, coffee-drinking public nuisance. And many of those upon whom the German Hospital had to call in part for its care of the sick were not much better. Incompetence, laziness, ill-will, uncleanness, frequent changes—up to seventy-two in one year—were matters of daily occurrence.

Under stress of circumstance trained nurses were looked for. The suggestion, that we follow the example of Bellevue Hospital, which had established a Nurses' Training School in 1873, was declined. You will know from the history of our institution that for years we drew upon Germany for our nurses and head nurses. Although they came from a German country, it was a foreign element that entered our gates. Foreign not only, but an element strange to our establishment. German-Americans of the class that come to our hospital, and German nurses belonging to a close order, are not homogeneous, but opposing elements. The statement published by Virchow many years ago regarding the care of the sick by religious and

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other orders, was soon borne out in our case. The hopes which many of us had entertained concerning the longed-for assistance, were not fulfilled. The mutual satisfaction was great when the arrangement was dissolved.

At last the proper step was taken. With many difficulties the Nurses' Training School was established. Solicitude, carefulness, cleanliness, attention, and a real knowledge of practical and theoretical nursing became possible from that time forward and have established themselves with us in a gratifying manner. Up to precisely what point these qualities have become actualities need not be discussed just now, when we are assembled to take steps that shall bring us closer to the ideal of perfect care of the sick. The disadvantages of youth adhere to every young institution; it was in the nature of things that with the most excellent material some were admitted that did not promise as well. The frequent changes among the head nurses, and their occasional inadequacy, were also evils that may be avoided by using caution in their selection, with the aid of medical counsel, by tolerating no personal bias and having an exclusive regard for the knowledge and matured character of the applicants. In this case, as in the case of disease, precaution is the part of wisdom and prevention better than cure. Many of the mistakes that were made in the engagement and dismissal of head nurses can only be prevented if medical advice is taken regarding their competence and responsibility. For just those among us who believe in giving unto the Lord what is the Lord's and unto Cæsar what is Cæsar's, and that the administration on one hand and the medical supervision on the other hand—each requiring training and special knowledge—should be strictly separated, clearly see that the establishment and management of a Nurses' Training School is more particularly a medical task. In the Mills Training School—in which business has always been attended to smoothly and without friction—the majority of the members of the Board of Managers—by a direction of the founder—are physicians of Bellevue Hospital.

The first care of the superintendent of the Training

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School for Women at Bellevue Hospital was to secure for them their own home. It is located entirely outside of the hospital enclosure. The Nurses' Training School of Mount Sinai Hospital originated in a building of its own, three blocks removed from the institution. In the meantime the hospital management, although without actual control over the training school, has erected a building to house the latter and its dispensary. Among the magnificent buildings of the Johns Hopkins Hospital in Baltimore that for the Nurses' Training School was among the first to be completed. The School for Male Nurses—Mills Training School,—which is connected with Bellevue Hospital, was not opened until a commodious home of its own had been erected.

The practical sense of the American, equaled only by his generosity and his open-handed liberality in matters of well-understood public benefit, recognized at the very inception the necessity of providing for the personnel of the training schools better quarters for instruction and living purposes, in a building of their own. Only in this way is it possible to accommodate and make available for service a sufficient number of students.

In addition to the fact that the accommodations of our German Hospital are inadequate at the present time for the patients and the nurses, I look forward to a considerable number of advantages in the possession of a special building.

When not on duty, the nurse should actually be off duty, and *feel* herself off duty. While on duty she should not be interfered with nor interfere with others. Only those should be present in the hospital who are actually required and are active. Rest and an atmosphere of earnestness should prevail there. No superfluous word should be spoken or heard. Most patients truly suffer from the careless air or the possible levity of their environment. Just as the physician at the patient's bedside should not designate the latter exclusively as "interesting"—the patient does not want to be considered interesting, but important—just so should there be no conversation or action among the attendants on any extraneous matter while on

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duty. Those who are off duty should come in touch only with others also off duty. There should not be a morose tone inside of the hospital, but any unbiased and well-meaning observer should be impressed by evident existence of a strong sense of duty and responsibility.

The stay in one's own building will offer sufficient protection against suspicion, and against occasional temptations of a most serious nature regarding which complaint was voiced now and then in times long since passed.

A separate building will offer greater facilities and induce a greater desire for study.

It will not be a barracks; but it will create a sense of being safe and favored, and will call forth a beneficent esprit de corps and a proper professional pride.

It will offer encouragement to the better element among the German-American female population to enter the School, to earn in this wise a dignified and useful vocation for life.

With the co-operation of the better and more intellectual element greater demands can be made upon capacity for study and work. Both will redound in the first place to the advantage of the hospital, and in the second to the continued benefit of the pupils and of the public at large.

Esprit de corps and professional pride will develop that moral courage which at times raises nursing to the height of heroism. Brave little Miss Carrie Mann, one of our nurses, told me that she would die when I looked her up in a distant corner of Brooklyn, and she did die of scarlet fever contracted in the discharge of her duty. The refusal on the part of trained nurses to take private cases of contagious disease will become the more rare as the better elements devote themselves to nursing and as professional ambition is fostered. Mount Sinai Hospital has a standing arrangement with the Willard Parker Hospital. I have seen a number of its student nurses down with scarlet fever and diphtheria. One of the best nurses I have known was a cultured lady belonging to a wealthy Chicago family, who rendered special service at Bellevue Hospital in 1874 in the care of dangerous contagious cases. She and others like her, many of whom I remem-

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ber with grateful and high esteem, proved to me conclusively that professional pride and professional devotion do not require the background of churchly sanction or of religious orders. At a time when the fear of cholera was greater than the danger of cholera, several specially capable and willing trained nurses offered themselves for the care of cholera patients,—an offer that we may still have occasion to make use of.

Of such a kind will be and must be the class of women who will bring the care of the sick in the hospitals to an un hoped-for perfection, and who, on completion of their training, will furnish to the public for all time reliable, thoroughly informed and devoted nurses.

For those among us with ideal tendencies other comforting outlooks may link themselves to the foregoing observations. I, for one, can see over and beyond the aim already achieved in part—another, which may be reached by the building of the Nurses' Training School. Gentlemen, the German Dispensary, the German Hospital, and every dispensary and every hospital has been established that the sick poor—and with them also the well-to-do sick—may be given their human rights. In our century philanthropy, private and public, is regarded as a duty. The unavoidable abuses of our social and commercial development are counteracted by voluntary sacrifices; in this way all members and classes of mankind act as a coherent organism. In the hospital you receive those who have no suitable homes, furnish them with food, air, and cleanliness. You supply medical attendance, the best nursing and care. In the dispensary you extend medical advice and aid, but neither care nor nursing. But there are in this city and in other cities associations who, among other things, make it their task to furnish free of charge trained and enthusiastic nurses to those ill in their homes who cannot afford to pay for such service. There can never be too much assistance of this kind; the need for it is always there and constantly growing, and in the reputation of those associations their action in supplying good nursing gratuitously is the one that is deserving of the greatest praise. Of course for every institution like ours proper nursing

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within its own walls is the first consideration. But in the carrying out of this duty the outlook broadens, the heart expands. The national economist, the moralist, the humanitarian, constantly find new work to serve the same purposes. The Society of the German Hospital, which cares for two thousand patients in its hospital, serves fifty thousand outsiders in its Dispensary. It furnishes nurses gratuitously for as many as two thousand poor patients. Its aim may yet be, in the future, to furnish just as well trained, just as faithful and as kind-hearted nurses to ten thousand invalids confined to their beds. Let this be its *ultimate* aim, and you can soon attain it. If the public is asked to contribute seventy-five thousand dollars for the building of your Nurses' Training School, you will obtain this amount. And if you should also let the public know that you have the further purpose in view of organizing the nursing of the sick of this city in a greater—in the greatest—measure, that you require more space, larger accommodations for your pupils whom you are preparing for this holy mission,—and only you can do this, only you have a large hospital at your service for educational purposes—you will find that the means for this end will also come to you. This is my last appeal for a new building, possibly for a larger new building than the hospital requires for its own needs. No one, no society, no organization has the same right that you have to ask for public aid. You organized your school years ago; you have maintained it since that time; you have produced good nurses for the institution and for the public, and you have earned your spurs in the opinion of all well-thinking people. No existing, no new association can take your place. With the duties that you have undertaken and fulfilled have grown your rights. Forget neither the one nor the other. Should you, however, as a first step, wish to confine yourselves to the task nearest at hand—and in this I myself would heartily concur—there will remain to you and to your successors the realization of the ultimate ideal aim as a holy legacy.

A long time ago, when the first training school for nurses was planned in New York, fears were expressed that there

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would be no applicants for training. I then heard American ladies say they feared that slovenliness, laziness and arrogance had become so widespread that only Irish servants and invalid old maids would be willing, the latter from despair, to enter the nursing profession. You and we all have learned to know better. It is in the American schools above all that the best possible elements are found. The intellect, cleverness, adaptability and courage of American young womanhood is largely represented there, and the rapidity with which the nurses have been recognized and acquired a foothold in good society, is a well-known fact. With us also it was claimed years ago that pupils would be wanting; the success of our school has proved the contrary. Nurses are known to all of you who do honor to their names; with some who are especially competent and willing we medical men cultivate a comradely feeling and appreciatively extend our hand to them. Should the public erect a building that will be both a good school and a decent home in one, you will see the time when we shall have wide choice in our applicants and will need to accept none but the best. And then the time will also come in which the occasional lack of nurses in private practice will not be felt as much as is now the case. As a matter of fact, this lack has frequently existed. These very periods of general need and underproduction lead us to understand to what degree the interests of the public requiring private nursing and those of the hospital are identical.

Those possessing insight and benevolence among the wealthy are now asked to contribute the necessary funds for the erection of a building for the Nurses' Training School. The new house will be a staunch support for the German Hospital, it will furnish to a large number of intellectual German-American young women, who are desirous and in need of work, the possibility of acquiring the knowledge and training for a dignified and noble vocation; and—which is still more important as time goes by—it will supply the public from year to year with a greater number of well-trained, faithful nurses, equally anxious to learn and to teach. None knows better than we

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physicians the importance of the nurse for any given case in which everything may depend on conscientious care and intelligent observation. Those among you—and that day comes to everyone of us—who, with worried mind and anxious heart, have bent over the pillow of a beloved one, praying for help in their necessity, will know that the best that has ever been said regarding the blessings of trained and successful nursing is only too true; and they further know that every sacrifice made in the interest of an institution like that planned by us, is always more than repaid by counter service. But I will not appeal to personal egotism. The public welfare demands and always finds—particularly in our community—men and women who do not estimate a generous gift in money and effort by the interest it brings to them personally. In a city in which a lady of judgment and heart opened a subscription for a medical academy and library with the sum of twenty-five thousand dollars, on the ground that the support of scientific study on the part of the medical profession is to be looked upon from the strictly humanitarian standpoint as a public benefaction, it cannot be difficult to obtain the seventy-five thousand dollars which are required for the education of a constantly increasing class of intellectual and faithful nurses. The new institution will not only be a memorial to its founders; it will be an evidence of the ethical feeling of the enlightened donors, who will bring to materialization, in the establishment of the new institution, an act of humanitarian and progressive social policy.



## ADDRESS AT THE ANNIVERSARY OF THE BABIES' HOSPITAL, 1894

DURING the more than one-third of a century that I have been treating both privately and publicly, and teaching, the diseases of infants and children, I looked forward to the establishment of special institutions and hospitals as a consummation to be fervently desired.

Public opinion and generosity have been slow with us to recognize that need, very much slower indeed than in other cities where children's hospitals were founded and supported at an early time. It is, however, not my duty to detail before you what I believe to be the reasons for our shortcomings. I only meant to emphasize the fact that while general hospitals and institutions of learning were afforded ample facilities through the liberality which is peculiar to the American character and to the influence of the democratic spirit of our national constitution and habits, almost nothing has been done for the erection and maintenance of institutions for the benefit of the young sick.

Even the exceptions to this rule prove that I am correct. For several of the few wards set aside in general hospitals have been appropriated for special practice under the care of specialists. In one children's hospital not a small percentage of cases are those of a particular deformity, the treatment and care of which have been perfected by a gentleman connected with the institution. A ward in a hospital I knew years ago was entirely dedicated to orthopedics. An entire hospital, together with a dispensary, is being maintained for orthopedic cases exclusively. As far as I know it is only Bellevue, Mount Sinai, the Post-Graduate School and Hospital and the Presbyterian Hospital that have wards assigned for the treatment of the general diseases of infancy or childhood. They are the only ones

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which represent, with the exception perhaps of the St. Mary's Hospital for Children, and the St. John's Guild Hospital, the broad field of general infant pathology and therapeutics as compared with specialties and special practice.

You, Mr. President and Lady Managers, have embarked in your work in a broad spirit and on a broad basis. Your circumspect humanity is to-day rewarded by a success for which I take great pleasure in congratulating you with all my heart. Indeed, a man with whom it has been a life-long ambition and anxious desire to encourage and advance the study of both the normal and the diseased child, may well be permitted to confess that to him this occasion is solemn.

The additional house you dedicated to-day to its purposes by adding to the usefulness of the institution supported by you, is an ample proof of your warm hearts and of your clean appreciation of the needs of the people. What you have thus far accomplished, and are on the high road to continue and perfect, is a beautiful proof of what heart and head co-operating for a common sacred purpose are capable of achieving; the impulses of the heart enlisting the labor of the head, the logic of the latter controlling the instincts of the heart.

You who have planned and maintained this institution need not be told what amount of individual good is being done daily, in and by it. The tenement houses you relieve of their sick, or rather the sick are relieved of their tenements, with their poverty, want, din and infection. None of your private houses furnish greater facilities; in some respects they offer less than these wards with their cleanliness, pure air, always appropriate feeding, constant nursing, and persistent and best medical attendance. The wan little face telling the tale of long suffering, is here clad with new bloom, the hungry, pinched look is transformed into the bright sunshine, the source of which is every healthy baby's orbit. I know of nothing that appeals more to the sentiments of all those who have a heart neither petrified nor merely sentimental, and to the humane instincts of most people.

While, however, you thus minister to the needs of the

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individual child, you do much more. The services rendered apparently to one, are indeed rendered to the many. You who let the children come unto you, do not only furnish an instance of Samaritanism, but also of good citizenship—and statesmanship.

A child that dies at the age of five or six years represents the irreparable loss of at least one thousand dollars spent in vain, not to speak of the detriment to its mother's comfort, health, and, perhaps, life. But death itself is not the greatest evil. An infant or child whose intestinal disorders have not been attended to, fissure not healed, eczema not cured, scrofulous glands not extirpated, congenital taints not eradicated, rhachitis not relieved, bronchitis or pleurisy not cared for, rheumatic pains, ever so severe or ever so slight, not suppressed, may be and very often is, doomed to a life of suffering and invalidism, and lingering and uselessness, and is liable to become a constant burden, both moral and pecuniary, to the family; and in too many instances a load on the community. Thus, children's hospitals are amongst the preservers of the average health of the population, and, to a great extent, preventives of the over-crowding of homes for incurables, hospitals for adults, and almshouses.

Invalid and sickly persons who have to depend upon the aid and support of the community are like sickly trees or dead stumps in the forest, which take air and light and life from their neighbors. Thus, an enlightened public policy will always see to the shortening of disease, the radical extinction of ailments, and will consider money amply and judiciously spent for that purpose, as the best possible investment made in the interest of all. And now imagine a powerful and wealthy community like New York refusing the means for purchasing other than tainted food, in insufficient quantities too, for other than cheap medicines, and for hiring other than physically unfit and morally tainted help and attendants for the public wards.

Nor is this all. Your own personal interests are benefited by what you do for the waifs under your hospital roof. Infants not cured that grow up as domestics or mechanics will carry disease to your private houses with-

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out your knowledge and beyond any means of prevention. It is not diphtheria and scarlatina only that are carried into your families through the basements of your houses after every Sunday outing. It is tuberculosis also that gains access, like everything else transportable, both acute and chronic. Thus, indeed, while taking care of and protecting and curing those two or ten miles distant, you are guarding your very firesides, and in the children of the poor you protect and save your own. What you do to the smallest of them, said the founder of the Christian religion, you will have done for me. Let me add also, not for Him only, but for yourselves. Thus you are practicing at once the dicta of religion, of humanitarian instincts, and of the most ideal demands of refined socialism.

Perhaps, in your endeavors to do good, you never thought how much more you are accomplishing than you intended. The sick in your charge are treated and nursed and regain their health—an immense blessing. The establishment of a Babies' Hospital is an example and an incentive for imitation; thus the number of such and similar institutions grow here and elsewhere. The time must soon come when we shall rival the number and efficiency of children's hospitals of European countries. The very existence of such places teaches the public, and even the profession, both their importance and the necessities which gave them life. Thus the profession also is your debtor for what is accomplished through your initiative.

Perhaps you are surprised when I tell you that the study of the diseases of children has been remarkably neglected amongst us. More than half of the patients of every practitioner are infants and children, but their diseases were never taught in anything like a thorough and special way before the year 1860. In that year the first American professorship for diseases of children was established in New York. It is only since 1870 that the larger medical schools of the country have gradually, one by one, consented to establish a course of clinical instruction in that branch of medicine, and it is but a few years since—and a very few only—that some colleges began to insist upon the students being examined in the diseases

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of children before graduating, but even now doctors may begin to practice medicine without having seen a single sick child. At present, though, indeed, the diseases of children begin to be recognized as an important branch of medical science and art, there is to my knowledge but a single medical school in the country which has a full professorial chair to teach it; that is Harvard, the pride through centuries of justly-proud Boston.<sup>1</sup>

Now you will admit that these wards maintained by you, while in your modesty you want them to relieve individual suffering only, are capable of teaching the public and the profession. Teaching, indeed, has become one of your objects long ago. While other hospitals have, for a number of years, paid principal attention to the instruction of trained nurses for the sick, you have evolved the eminently practical idea of training nursery maids. I see the time coming, very speedily indeed, when other child's institutions will follow your example. Not knowing who made the suggestion, I congratulate the author upon his or her initiative,<sup>2</sup> and you upon executing the beneficent innovation.

And after this début in the teaching line has been so eminently successful, you will in the course of time find means to facilitate instruction in other directions. The medical men in active charge of your institution are amply equipped to teach medical men. Indeed, they are used to it. Thus far no bedside teaching of the diseases of children has been made accessible on a large scale. It is but lately that the President of Columbia expressed his regrets on that account in his annual report to the Trustees of the University. Indeed, ladies, it is an ambitious aim

<sup>1</sup> I have since been told that the colleges of Chicago have regular professorships.

<sup>2</sup> I have since been informed that it was Dr. Andrew H. Smith, of the Consulting Board, who first urged and formulated the idea of training nursery maids as a valuable part of the work of the Babies' Hospital. The realization of the plan, however, had to be postponed until, several years later, Mrs. R. W. Chapin came forward with the necessary funds and founded the school.

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worth while working for to establish the first bedside teaching of the diseases of children in New York City.

While thus announcing aims to be reached and hopes to be fulfilled in future, let me enjoy the pleasure, in a few words, of passing in review what has already been accomplished by you.

You have founded and maintained an institution, the like of which but very few exist, or pretend to exist, in the city. You have restored many a health, saved many a life and rendered it more useful for the future. You have reduced the numbers of future applicants for charity and for continued support.

You have attained that result in true American fashion, without the aid of city, State or national government, even without the doubtful boon of universal suffrage.

In your administration of what you undertook, both as a public duty and as a public trust, you have made no mistake, not even that of splitting the medical service into fragments. The Homeric warning against multi-government is paramount in homes for the sick, and I hope the system of bi-monthly or quarterly alternation of medical attendance will gradually be abolished in all our hospitals.

You have contributed to what our city is to remain, and still more to become, first in enterprise, commerce and wealth, first in beauty of landscape, first as a power in art and in science, and first in practical humanity.

You have deserved and earned the thanks of your beneficiaries, of the medical profession, and of the public.

ADDRESS TO THE GRADUATING CLASS OF  
THE NEW YORK TRAINING SCHOOL FOR  
NURSES ATTACHED TO BELLEVUE  
HOSPITAL, 1892

I AM one of those physicians of Bellevue Hospital who, nearly a quarter of a century ago, availed themselves of the opportunity to vote for the introduction of trained nursing, and for the establishment of a Bellevue Training School. What at that time was hoped for—namely, a radical improvement in the care of the sick—has been fully accomplished. The changes in hospital and private nursing that have been evolved since those early days have been wonderful. I never met with a practitioner who was not willing and eager to acknowledge that. The question, whether the training of nurses was considered more from the standpoint of affording women a field for profitable employment, or from a sentimental, moral, educational or humanitarian point of view, should *not* be raised; for, in the present configuration of society, these two considerations are not at all incompatible. Every honorable calling, paid or not, merits our approval. *That* society is the best which enables every individual to avoid indigence and dependence and, while applying natural gifts improved by appropriate knowledge, to conquer independence. Believing, as I do, in the perfectibility of mankind, and trusting that there will be a future without undeserved hunger and abject misery, I have ever greeted with enthusiasm every endeavor to increase abilities and the means of usefulness. The ideal condition of mankind, which should be realized long before its final extinction, is one in which every individual will live on the reward of his or her work, selected by the coöperation of inborn inclinations and natural or acquired capacities. At the present time, it is true, inclinations and natural capacities are not

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always, perhaps seldom, the motives for the choice of a business or of a vocation. Dire necessity or accident shape too often the selection of a calling. That is why there are so many incongruities and so many failures. Not infrequently young persons are tempted, or obliged by compulsion or misdirected ambition, to learn or to assume duties to which they are not adapted, either by brain or by character. In regard to many callings now selected by women, we may well ask, whether or not many of them would not have done better to direct their powers differently. The emancipation from the fetters of color, religion, sex, or any other condition of servitude, is complete, and an established fact. There is, indeed, no social reason why a feeble man should not have the ambition of becoming a soldier, a consumptive boy to be a doctor, and nothing to prevent an average woman to enter the practice of medicine, of law or of the ministry. There is no civil or criminal law to prevent that, though it has not been proved that they are, without any exception, fit for these employments on account of their inborn or acquired physical or mental capacities. When, however, the selected occupation, as I trust is your case, corresponds exactly with the longings and gifts planted in an individual soul, the result is fortunate and satisfactory in every respect. There are a number of employments which suit either of the sexes; as some of them are manly, so there are others that are womanly. If there be one which agrees most with woman's physical, mental and emotional nature, it is that of nursing the sick. The body and soul of an honest and pure woman are as thoroughly fitted for nursing as some time or other for motherhood. Blessed is the one who is able to employ her natural gifts and longings, fortified by strenuous and successful work, in the interest of a decent livelihood, such as you enter upon.

I do not pretend to have come here loaded with new advice or unheard-of teachings. I expect—I know—that you have learned enough in these two years to serve you in your future career as a foundation for acquiring more knowledge and its appropriate application. From what I have experienced in the wards of the hospital during

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these twenty-five years, I am perfectly convinced that you young ladies have not lost your time any more than many of our predecessors, and are fully prepared to meet the difficulties of the various cases you will have to nurse. What you cannot learn, or begin to learn, in the wards, or in the lectures, no address can teach you—namely, the experience to be gained in the practice of private homes or of sick-rooms, rich or poor, well endowed or poorly equipped. Some of you will learn to adapt yourselves to circumstances and persons easily; some with more difficulty. To get along in all conditions there is one thing, however, that will conquer: Be sure to perform your duties watchfully and punctually without pedantry, kindly without obsequiousness, earnestly without hardness, eagerly without officiousness. Do not assume rights for which you were not prepared; do not act as servants any more than as doctors. Know when to speak without being timid, when to be silent without oppressiveness; study the character, changed or not through sickness, of the man, woman or child under your charge. Be sympathetic and earnest at the same time. Your life will not always be easy—not always hard. The tact of a born lady, bright and sympathetic, will overcome difficulties readily; the good-will of the honest, well-meaning woman will conquer in the end. Such a one will succeed in life, and will have the satisfaction of having earned a living while contributing to the comfort, welfare, health, relief or consolation of distressed fellow-beings.



## SOME POINTS CONNECTED WITH THE CARE AND NUTRITION OF INFANTS

ONE of the distinguished gentlemen who addressed the graduating class of a year or two ago suggested the advisability of collecting the annual addresses, and thus to create a sort of guide-book—a Baedeker-Murray—for the trip through life, for the use of trained nursedom. If that advice be ever acted upon, you would surely hate to find the same advice, remarks or criticisms in every chapter. Life is too busy, and time too precious to spend them on words, when it is work that is wanted on all sides, persistently and perennially. It struck me, therefore, that I should cut short both my advice and my congratulations to you, and my and the public's and the profession's expression of obligation to the founders and managers of your school, and to speak of some topic of universal interest, which is important to every citizen, both male and female—I allude to the public health, and, before all, to that of the infants. All of you are aware of the fearful mortality of infants in general, and particularly among some classes. You have lately been told that the mortality, in one of our public institutions, of infants a few months old, is between eighty and ninety-six per cent. On the other hand, we have been informed, in an official paper, that the mortality of the same class of infants, when boarded out, was but three per cent. Both of these statements refer to conditions met with in our own city. In both cases they refer to very young infants. My personal experience agrees with that. Some thirty years ago I kept an account of all the newborn and very young infants that were admitted to a public institution, which was not a hospital for the sick, but simply a nursery. I found that none of the little wards lived that stayed more than three months in the institution. This

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fearful mortality was summarily and instantly dealt with—it appears with rather insufficient success—by my expulsion from the institution, and by doctoring the annual reports. The mortality in the Paris foundling institution formerly was ninety or ninety-four per cent.; it is now seven per cent. For those boarded out outside of the city limits, of babies under a year of age, it is, at the present time, eighteen per cent. It is true that seven million and a half of francs—one and a half million of dollars—have been spent by the city of Paris for accomplishing this end. The reason for the improvement in the mortality of such waifs, may either be political or humanitarian. Political, oh, yes! France's population is growing, if at all, very slowly. They felt the want of increasing it. It is worth their while to save the babies, and make them citizens, workmen, or mothers of a future generation. Here, in our United States, we have no *such* reason; we have plenty of population, even though there be immigrants only. We have such a great population that demagoggy looks for keeping it down by restricting immigration, which wrested the land from the Indians and tilled acres by the hundred millions. But we have other reasons too. If there is distinctly no religion in our constitution, there is religion, or, what is the same, conscientiousness and humanitarianism in our hearts. We want to save infant lives because not to do it we look upon as moral iniquity; because to lose them is defeat, both for our knowledge of physiology and hygiene and for our good will or skill. Good will alone will not suffice; if it did, there would be less tears over the graves among the well-to-do and the poor; there would be less plain coffins waiting for their surely coming tenants in our morgue.

To save infants you require proper food, first of all. So much has been said and written upon the subject that it might be expected that everybody knew all about it. This "everybody" I am not, but some of what I do know and have found correct in tens of thousands of cases in the forty-four years I have been in the practice of my profession in this city, I will state in a few axiomatic sentences. If they appear to be commonplace, remember

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that life is commonplace; so is sickness and death, which it is our duty to avoid; and if they be a repetition of what you know, they will not suffer on that score, as long as they are accurate.

No substitute of human milk for the purpose of regular feeding can be thought of without animal's milk, the most acceptable of which is that of the cow. It differs in many ways from human milk, mainly in the percentage, or different condition, of casein, of fats, of salts, and of sugar. The latter is milk-sugar in all milks. It is contained in smaller quantities in cow's milk than in human milk, and therefore the addition of milk-sugar suggests itself as the best means of supplying the want. But the facility with which it is changed into lactic acid, and the many bad results of a superabundance of acid in the digestive organs of the infant have induced me to practice and teach the selection of cane-sugar. As to fat, there is less in cow's milk than in human milk; at least this is the universal opinion of chemists who, indeed, count the analysis of milks amongst the most difficult of their tasks. To meet this actual or alleged want, the general practice has been of late to add fat, that is cream, to infant food. Still, it is worth while to note that even a good deal of the very fat contained in human milk is not assimilated by the nursling; to such an extent is this so, that from 9 to 13 per cent. of a normal infant discharge consists of unchanged fat. That is why the additional fat is perhaps not at all required, and indeed I have found more disorders from an excess than from a want of fat, just as a slight under-feeding is mostly preferable to over-feeding. As far as casein is concerned, its percentage in cow's milk compared with that of human milk is excessive. It is very apt to become indigestible through the coagulation of its bulky mass; it curdles, is brought up in hard lumps of cheese, descends into the intestine and acting as a foreign body, causes either constipation or diarrhœa. Instead of the 3 or 4 per cent. of casein contained in cow's milk, the food of a young infant should not contain more than one-half, that of a six months' baby not more than 1 per cent. of casein. The latter has still more

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drawbacks. That in the cow's and in human milk is totally different in many particulars of its chemistry. Thus not only should it be given in small quantities, but in the infant it should be suspended so as to prevent its hard coagulation. Water alone is not a means of suspension; mucilaginous or farinaceous decoctions, those of gum arabic, barley, or oatmeal, separate the casein particles from each other, and thereby prevent the formation of hard curds.

The objections to barley or oatmeal water as an addition to the food of a very young infant are based upon the belief that the starch contained in them is indigestible, and therefore injurious. Those who so calculate, forget that, as I said before, even fat passes the bowels unchanged, and does no harm. Moreover, they err in their physiology. Even the unborn baby provides saliva which is capable of digesting starch. There is no normal newborn that does not secrete saliva, and thin decoctions containing some little starch *are* digested; the starch is changed into dextrine and is thus assimilated.

The *dilution* of cow's milk should be ample. Most infants and children are furnished an insufficient amount of water. When they are thirsty they are given their food; when you are thirsty you want to drink, and not to eat. Besides, there are other reasons why the newborn and the young infant should have plenty of water; it is principally their kidneys which require washing out. Long studies have convinced me that the presence of stone in the kidneys of the young and many kindred diseases can be prevented by copious amounts of water only. For the newborn, cow's milk should be diluted with four or six times its quantity of a glutinous water; for a three months' old baby the proportion ought to be 1:2, or 3, for a six months' infant, 1:1.

There is another important fact which requires attention. Cow's milk contains more potassium and less sodium than human milk. Therefore infant food holding cow's milk should contain some additional sodium. Its chloride, that is, *table salt*, for the reason just given, and for the further reason that it prevents the solid coagula-

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tion of casein under the influence of the rennet of the infant stomach, should never be absent from the cow's milk on which a baby is fed.

Let me allude, though ever so fragmentarily, to one or two of the methods of preparing infant foods. One of the ways in which fat milk is obtained is to let milk stand a few hours. The cream rises to the top, and the upper third or half of the fluid is used for the infant. A few hours standing, however, and mainly that of city milk which requires much time between milking and delivery, renders it acid. That method, therefore, has its serious drawbacks. Now, to avoid acidity, or to prevent it, bicarbonate of sodium is added. That plan looks very simple indeed, but may prove decidedly dangerous, for there are many microbes which thrive best in an alkaline solution. The best method of preserving the alkaline reaction of milk is immediate boiling. Where no sterilizer is handy amongst the poor or in the country, the milk should be filtered when received, then boiled, quickly cooled, filled into small bottles, which are placed upside down in a refrigerator, or in a cool place, or in a vessel filled with water, and brought again to a boiling point when it is to be used. Boiling destroys the microbe which changes milk-sugar into lactic acid, also if present that of diphtheria, of tuberculosis, or of cholera.

Systematic sterilization was introduced by Soxhlet, in place of boiling; still some bacilli, which are usually poisonous but fortunately rare, are neither destroyed by boiling nor by moderate sterilization. Prolonged sterilization, however, will surely, according to some, change the character of the milk. Whenever sterilized milk is used as the *exclusive* diet, the results are not always favorable. I am quite certain that some of the worst cases of scurvy which came to my notice were fed on sterilized milk exclusively. That is why fresh milk is recommended as one of the hygienic remedies in that disease. Pasteurization for from twenty to thirty minutes, that is, warming to 165° F. was recommended—by nobody more than by our fellow-townsmen, Dr. Rowland Freeman—in place of sterilization. It does not change the taste of the milk,

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though it destroys microbes as well as is done by sterilization at a temperature of  $212^{\circ}$ . It is employed by Dr. Rotch in his milk modification, and by Dr. Gärtner in preparing the canned milk which has just begun to seek and to find a market amongst us. Both of these preparations, when carefully made, are safe, as far as their germ-free condition is concerned. To the first few months of life they are well adapted; in the later months they appear to be insufficient for reasons which it would take me too long to discuss. But you will find that babies thus fed do not develop bones at the proper time, and require the addition, after the fourth or fifth month of life, of animal (beef, mutton) broths.

How and where should sterilization or Pasteurization be performed, at home or wholesale? Wherever there are laboratories in which a daily supply is furnished, provided the preparation is uniform and conscientious—I am perhaps a little presumptuous when I object to the presence of flies or cockroaches—it seems safe to obtain the milk, modified or not, from these places. But when sterilized milk is indefinitely kept for sale, the butter will separate from the rest. Manufacturers have found that out. I read of a number of instances, in which for concealment's sake, the preparation was kept in colored bottles. For all of these reasons, I trust you will rather rely on domestic sterilization; there are several good sterilizers in the market, easy to handle and reliable in their working.

The subject of artificial foods cannot be touched tonight. Some are not so bad as the rest; none can be examined or judged as to their uniform composition and preparation. If their beneficial effect could be measured by the good they do to the manufacturers, they would be a great blessing.

I have always preferred to know what I give an infant, and the method of compounding and preparing food for infants is so simple that even those poor in mind and purse can attend it.

There are times and occasions when radical and sudden changes should be made in feeding, and when milk

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does not fulfil our expectations. In most cases of intestinal inflammations and catarrhs, mainly in all those of "summer diarrhœa," avoid milk. Bad ones bear it neither raw nor boiled, neither unmixed nor mixed, even with farinaceous foods. Feverish children whose stomachs suffer as well as any other organ of a temperature of 104 or 106, do not secrete a normal juice; they too should have less milk, and less albuminoids in general. Even mother's milk may not be well borne in such conditions. When milk feeding is finally resumed, it should be done very carefully; cow's milk should be thoroughly boiled, or sterilized, with six times its volume of barley-water at first, the percentage of milk to be increased slowly. Do not forget that cow's milk, though ever so much boiled or sterilized, is still cow's milk. Milk in the most urgent cases of that kind may be replaced by the white of eggs, which should be thoroughly mixed with barley-water, with the addition of salt, and just enough cane-sugar to make the mixture palatable. In that way the whites of from one to five eggs may be administered in the course of a day. Severe vomiting and diarrhœa, however, may require absolute abstinence for from one to twelve hours, or more. Then mucilaginous or farinaceous decoctions may be given in small doses at short intervals: a teaspoonful every ten or fifteen minutes, with or without a few drops of whiskey, to which, long before you return to a small percentage of milk, mutton-broth may be added.

In the beginning of my remarks I said that one of the means of reducing the immense mortality of the young is appropriate feeding. Now there are institutions in which great care is bestowed on the purchase of the materials and of their preparation. Still the babies die. When the same class of babies are fed on the same food in the poorly-equipped dwelling of a farmer or of a working-man, they live. Why is that so? Thirty years ago I preached against the accumulation of large numbers and for the distribution in the country; even in the city if need be; still the mature experience of a great many observers is yet combating with but little effect the un-

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fortunate results of the accumulated ignorance of the past and present times.

Infant mortality of the first year depends mostly on diarrhœal diseases. In all of them microbes are either concomitants or causes of the malady. These microbes increase to an incalculable degree in a very brief time. They communicate the trouble from one baby to the other.

This facility of communicating diarrhœal diseases, and the certainty of rapid infection should teach us a few lessons. As there is no probability of always or ever avoiding intestinal disorders, and as their dissemination appears to be certain, large institutions for the care of infants are a constant danger. Large wards should be given up. Smaller rooms with but few infants in them should take their places.

And now let me finally speak of a circumstance which, though we have not been long acquainted with it, is an absolute fact. I want you to remember it, for it contains a revelation of marvellous import. Diarrhœal diseases, of which the multitude of babies die, are communicated not only by the dangers they swallow in their foods, but also through contact. Unless the body of a baby is touched with a perfectly clean and sterilized hand, that hand which attended an infant sick with a diarrhœal disease, will carry the infection to the healthy neighbor. A nurse who has half a dozen babies in charge cannot help having one at least with diarrhœa; if she has one, she will have many shortly. It is not the air that carries the infection, it is the hand, the towel, the diaper. In other contagious diseases, such as diphtheria or scarlatina, a constant disinfection and sterilization of clothing, of hands, and of everything is a self-understood necessity. The same caution is required in regard to diarrhœal diseases. A nurse after attending such a patient should not touch a well baby without thoroughly disinfecting her hands. In the babies' service of the Charité Hôpital, in Berlin, they have one nurse to attend the feeding, another to look after the discharges of the babies, their diapers, etc.; since that was done, the mortality was reduced from 80

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or 90 per cent. to 65. That arrangement takes more nurses, and is more expensive, but it saves coffins and shrouds.

Ladies, you are going to exchange the seclusion of the hospital and of the study for a more public career. You cannot fail to exert some influence on public opinion, in some way or another. Knowledge and convictions are appreciated by at least a part of the community. If yours *are* sound, and your brains are coupled with warm and sympathetic hearts, you will be capable of co-operating in the alleviation of much suffering, and in the removal of many causes of death, not only in the private dwelling, but in behalf of the community at large. That is why I thought of burdening you with another final, though ever so fragmentary, lecture. While, indeed, I wish you individual success and enjoyment and health, I cannot help thinking and speaking of the grave responsibilities you are entering upon, and which nobody will ever shirk that begins the work of possibly a whole life, not as a business, but as a vocation.



## ADDRESS AT INAUGURATION OF THE NEW SKIN AND CANCER HOSPITAL

THE new Skin and Cancer Hospital, the preparations for which have now reached their happy termination, will prove of great benefit to the public at large, while affording opportunities for special study to the physicians connected with it.

The institution as it now exists was the first in this country offered to the care, and, whenever possible, to the cure of cancer, and the only one in which diseases of the skin were treated exclusively and specially. In that capacity and with special ends in view, it has not swerved from the original intentions of the founders and their followers. What they meant when they said they would have a hospital and dispensary for cancer and skin diseases, was in reality cancer and skin diseases. Not a dollar of the public money, not an hour of the attending medical men's time, have been spent on subjects not connected with those two specialties.

If you will study the annual reports of institutions of similar names, or of those caring for other special ailments, you will be surprised by the large number of reported cases which are entirely disconnected with the original intentions of the founders, with the title of the institutions and with the plans of those who gave and are giving funds and contributions for special purposes. Indeed, an institution which was founded and richly endowed for cancer, has, after having been a hospital for miscellaneous cases for many years, finally changed its very name.

The report of our institution will teach you that its purposes and practice have been, with rare exceptions, of a special nature. Cases not belonging to the two specialties have been rigidly excluded. This rule, if possible, will be still stricter in future. You will easily perceive that it

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worked well for the patients, and, indeed, better for the patients than for the financial welfare of the institution. The public exhibition of large numbers enhances your claims upon a bigger percentage of excise moneys, of hospital Saturday and Sunday contributions, perhaps even of State and municipal aid. Large numbers are also capable of blinding the eyes of the public, by conveying the impression that the good done to the poor and suffering is in exact proportion to the thousands printed on the patient pages of an annual report.

Nothing appears to be more eloquent than the figures of these glittering reports. Those, however, who remember the champion liar, Talleyrand's brilliant saying, are aware that language, printed and spoken, may conceal as much as it publishes. Indeed, the unsophisticated and indiscriminate givers who believe that giving is identical with benefiting, may as well learn that the pages of a report, full of figures and self-congratulations, are often as silent as the grave.

The cases we have treated in our hospital and our dispensary were meant to be those of cancer and skin diseases only and exclusively. Still, the numbers *are* large, several thousands annually. Though they were limited compared with the hundred thousands paraded on the lists of other institutions, they have amply engaged all the available time of the attendants; but have also given full time and opportunity, both to study and to benefit the cases.

Common sense only and but little thinking, are required to show the impossibility on the part of a medical attendant to serve fifty or one hundred patients during a single hour. Close observation and honest attendance become farces under such circumstances; and neither doctor nor patient can derive any possible advantage from the slovenliness and superficiality which are the direct results of crowding as many patients as there are minutes into a single hour. I should like to see you permit or expect your doctor, when he pays his sick call, to make his examination, and diagnosis and give prescriptions and directions in the same minute that he jumps upstairs, says good-morning, good-by, and rushes downstairs, only to

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send his bill afterwards. You, however, in connection with public institutions pay your bill in the shape of your annual contributions in advance, just to allow twenty or thirty or sixty patients to be treated or not treated hourly. By so doing you attempt impossibilities. The only result is loss of time on the part of the patient, if he be poor, insufficient study of his case, slovenliness on the part of the doctor, who cannot help becoming indolent and shallow, and thereby, the victim himself of alleged necessity and undue pressure.

We claim that our rigorous attention to special cases solely, has averted these dangers: By limiting the numbers of applicants, our attending physicians were in a position to allow more time for each patient, and, while benefiting all, to reach their own ends in becoming accomplished and efficient specialists, and the teachers of their fellow practitioners.

These objects have been attained in still another way. As far as it is possible, we have not made it our business to entice large numbers to visit us, by making no difference between the well-to-do and the really poor. The latter only are invited and served. By excluding those able to pay, we make time for those who are not, and whose only possession is their health. Under the prevailing circumstances of most of our public institutions, dispensaries, clinics, and what not, the poor are crowded out by those who are quite well able to pay, and who, by the facility afforded them to obtain for nothing what does not belong to them, but was meant for those who are always or temporarily unable to pay for services rendered, are demoralized and pauperized. See to it, no matter how that difficult task may be accomplished, that public dispensaries and institutions are reserved for those who, because of poverty, are the natural wards of the commonwealth. The result will be the gradual return of self-respect to those who now behave, not like free citizens of a republic, but like sneak thieves who obtain valuable things under false pretenses; and a larger share of benefit to the indigent, whose physical relief, I tell you, is but imaginary, when no time is given for the examination and appreciation of

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their ailments. More, the poor person, that is now crowded out of his legitimate place, would, if he were given proper time and attention, feel that he is in his own. He would appreciate the helping hand of those who are temporarily his superiors in means and opportunities. He would not feel neglected, by comparing his shabby clothing with the fine goods displayed in the waiting rooms of some of our public institutions—unfortunately, that is no exaggeration at all,—by not being deprived of the scant minutes that should be spent on his case, he would know that the aid of the community is offered him while temporarily in distress, and he would feel and know that he has as much right there as at the ballot box, where you cannot deprive him of his rights and duties, his whims, his convictions, or of the time required and allotted to him, just as well as to his rich fellow citizens, for the purpose of depositing his vote either for or with or against you.

This is the view taken by all right-minded physicians who try to purify the dispensary service in the interest of the poor, and in accordance with the intentions of the contributors to the funds of the dispensaries and free hospitals. The slur publicly offered the medical profession by a gentleman who should know better, but who charged the doctors with trying to establish a trust for their personal benefit, will be remembered as a huge joke, but not resented as an offensive slander.

Your institution and the medical men serving in it have not competed with the practitioners of the city. They have merely behaved as public officers, engaged in looking after those who temporarily cannot look after themselves or their families. They ought to be rewarded with the approval of the fellow citizens of the city, because of their refusing to participate in the monstrously erroneous or criminal system of indiscriminate service rendered alike to the poor and well-to-do, and in the dissipation for improper purposes of the means of the public, either privately given or obtained through municipal or State generosity.

Thus carried on, your Skin and Cancer Dispensary and Hospital has succeeded in doing more. While not competing with general hospitals, by taking the legitimate cases

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of the latter, it has relieved them of such as are, by them, but rarely welcomed; and, still, has put them on their mettle when they do take such special cases. That is what special hospitals, when carried on in genuine specialistic spirit, are good for. Though their beds be not counted by hundreds, their influence will be felt by the immediate good they are doing, by the deepening of study resulting from their opportunities, by their example and the rivalry excited by them. The special institutions like this here are never threats to the public hospitals, but rather aids and assistants.

As a cancer hospital, it is the older of two in the city. As a skin hospital, it is the only one. In that capacity it fills a want that should have been more appreciated long ago. Our institution never intended to add to the general hospital opportunities of the city. As these are ample, many say too ample, it would "carry coals to Newcastle." Indeed, with the exception of the institutions under the supervision and control of the Charity Commissioners, and of the Health Department, which sometimes are crowded, many of the hospitals have plenty of vacant beds. In spite of that, such patients as are bidden welcome by us, are refused or speedily transferred by them. All those that look for favorable statistics and few deaths, avoid the admission of cancerous patients, many of whom must needs linger in the wards before they submit to their fate. They also refuse or avoid to admit skin patients, because of their many objectionable features. Many require long time before they recover. Others demand protracted and sometimes unsightly external treatment, which annoys other patients, and offends the eyes and nostrils of visitors. Patients covered with ichthyol, tincture of benzoin, or balsam of Peru, would not be presentable in fine society or at an afternoon tea. We open our doors to them; we have built this house for them; and mean, by curing them, to restore them to full citizenship among those clean and sightly, and healthy and working. How important it is, most people will understand only when shown a concrete example. We cannot all be beauties, but what our neighbors expect of us is that we should have a healthy

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skin over our good or bad hearts, and clean scalps over our clever or stupid heads.

Last winter I dined at a friend's, and inquired after a waitress whom I had seen before. She had been discharged. Why? She had eczema of the hands. She admitted herself that for the same reason she lost half a dozen places within half a year, and gave up in despair. Her story was a sad one. Otherwise well and willing to work, and to support an old mother and young sisters, she was refused work any number of times, and was discharged as soon as her chronic ailment was noticed. What was to become of her and hers? I sent her word to apply to the out-door department of the Skin and Cancer Hospital, and not to work while under treatment. Somebody, meanwhile, saw to it that she did not go hungry while not working. She did so, and was well in six weeks. That is eight months ago. Her disease is taken away from her, not to reappear, we hope. She has been in one place six months, and never goes to bed, so she says, without praying for the institution that relieved her and those depending upon her. That is all she has to give. Those who own more worldly goods should see to it that the institution is not wanting in means to continue and to extend its benefits.

The specialties treated and studied here claim the attention of every practitioner and teacher. They are part of legitimate scientific and practical medicine; taking light from it, shedding light on it. May it ever be so. Indeed, I know it will always be so, for in the same degree that specialization has become necessary, both in medical study and practice, in the interest of both, the intimate connection of every specialty with the original stem from which the branch or branchlet grew, will be more and more appreciated. That is why, amongst your consultants, you have men not intimately connected with the special subjects of either skin or cancer, who, nevertheless, are greatly interested in the aims and purposes of the institution.

This, ladies and gentlemen, is, however, hardly an occasion which permits of extensive discussions of this and other questions relating to our enterprise; but enough has

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been said to prove the claims of our institution on the sympathy of the profession, the friendly feelings of other hospitals and dispensaries, and the generosity of the public.

In this city those who are able to pay require only the assurance that their funds will be spent for legitimate purposes only, to make them willing to contribute. In our case, where the special necessities of the poor, the interests of science and of good citizenship and the convenience of other institutions are equally served, I trust that the liberality of the public will speedily and effectively be turned in our direction.



# AMERICAN LETTERS DEALING WITH THE CONDITION OF MEDICINE IN THE UNITED STATES

## I

NEW YORK, September, 1899.

THE number of German immigrants in the United States and of those speaking the German language runs up into the millions. In the large cities there are whole districts where German dialects are heard on all sides. The correspondence by mail between America and Germany is enormous. German literature, general and special, comes to these shores in great amounts. The German language is studied by the American native and has gained in prestige over the French. The love of travel and the facilities offered by steam and electricity as well as commercial interests bring about an easy and varied intercourse between the two nations. And yet there is a great lack of mutual acquaintance between both countries and peoples. It is certainly not my intention to elucidate to you all the causes of this condition of things, for some of them are manifest even to the superficial observer.

Your countrymen meet with many obstacles when they try to get definite knowledge of our conditions from our literature, some of the difficulties being: want of knowledge of the language, and lack of time for anything but the gaining of a livelihood and other interests lying nearer home. To this must be added a want of acquaintance with that element of our people from whom more reliable knowledge can be obtained. Almost all the American travelers in Germany are immigrants on a visit to their relatives—former Germans with just a dash of the American in them, whose education has not gone beyond a certain rather low average, but who stay abroad at costly hotels;

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or people on business trips who are anxious to get through with as little loss of time as possible; and occasionally a well-informed and thinking man, who, however, stays abroad rather for the sake of acquiring than for imparting knowledge. Such a man is more intent on hearing and seeing than on talking.

In the great mass of American literature that is offered you, I know but little that is worthy of recommendation. The old Neumann's History we all loved during our student days; the recently published first volume of Hans F. Helmolt's History of the World is an excellent book, and E. P. Evan's Contributions to the History of American Literature and Civilization (Stuttgart, 1898) offer in an entertaining form an instructive picture of much that is worth knowing. The present is just the right time to take up the study of the material and cultural development of a nation which is destined to play an important rôle in the shaping of human affairs in the future. Our pains will be all the more repaid because partly through cunning, partly through fickleness and lack of conscience so characteristic of present-day politics, we have been forced into an unworthy position. Your unfortunate Dreyfus-Guerin affair and our own Philippine iniquity belong in the same category. It will take our people a long time to convince you that they have gotten over their ailment, that there exists an ethical substratum in their life, and that it is worth while just the same to live in a republic.

What is true of the traveling public can be said with certain allowances of the traveling physician. The men whose personal acquaintance you make and from whom you get your impressions are not always those who are of social, ethical, or scientific importance in our profession. I know many men of the first rank who never travel in Europe, or only go there on occasional trips of short duration, and others who through considerations of health or for other reasons come little in contact with the medical men of the Continent.

Nor will you find only the best element represented in the International Congresses. Why, even your own

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contingents at such congresses are certainly not invariably carefully chosen intellectual pillars. I can here repeat without any sense of anxiety what I openly declared to my countrymen on many occasions without fear of being lynched. You, or rather all of us, suffer altogether too often from the arrogance and importunities of those mediocrities who will not let slip "this chance of their lives." Yes, we poor Americans have at last reached the point when, during sessions of International Congresses, entire papers—left with the publishers before the author's departure—"telegraphed over on account of the great interest which they aroused" are published by the daily papers. All this happens, I admit, but it is not American but only commercial, speculative. We suffer grievously through transactions of this sort, and through the presence of this sort of men in the great medical forum. The process of learning that which modestly remains in the background, is a slow one; only that which loudly pushes to the front easily makes a general impression.

It is also in the nature of things that the German medical public cannot obtain any knowledge of our conditions from the presence of the many American students and young physicians who visit Heidelberg, Berlin, Leipzig, Vienna, Graz, and other universities. On the other hand, German medical men of note, well-informed and cultured, come but seldom to stay with us for any length of time. It is to be regretted that the Congress at Washington (1887) which was intended to bring about a closer international understanding could not accomplish this aim. Knowing as I do our men and conditions, and having equally at heart the interests of Germany and of the United States, both of which are destined to perform a large part of the work of shaping the history of the human race, I can now publicly, as I would privately, encourage intellectual Germans to examine us at closer range. The late commencement of your winter academic sessions offers you ample opportunity for that. The best representatives of your nation as well as many others who stand in your front ranks, are well known to us all. I know that you may count on a hearty welcome and am convinced that

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personal intercourse on our own ground will fill in gaps in our mutual acquaintance which could not otherwise be bridged over. Certain articles at least which have from time to time made their appearance in this as well as in other German journals are rather instructive. It has often seemed to me that the object of these articles was not to impart information, but merely to satisfy the author's desire to write something. Many a letter of this kind in which the writer undertakes the task of denouncing one or two real or supposed abuses, whose existence you had never suspected, or in which the object is to convey the belief that the author imagines that at a distance of three thousand miles, and by making use of a foreign tongue he can bring to our own notice our faulty order of things or our improper customs and thus pave the way to better conditions, can lead not to mutual acquaintance and respect, but to further misunderstandings.

Medical men, men of science in general, may profit by the results methodically obtained in other instances. It has become the custom for private individuals or their governing bodies to take a direct personal interest in our affairs. If, as was but recently the case, it was worth the trouble to gather information about our insurance business, the production of sugar, and other economic questions on the spot, then, it seems to me, that a personal study of our scientific conditions ought also to be worth while.

Moreover, whoever believes that we ourselves are blind to our own shortcomings is mistaken. But it is hardly necessary to travel three thousand miles to denounce them, to lay the complaint before a tribunal from which no relief can be expected. Your Daniel could find in a single number of the *Philadelphia Medical Journal* (April 22) three distinct complaints which one, in his blind zeal, has only to declare to be matters of common occurrence in order to hold up to public scorn all the depravity of the profession, Daniel, of course, excepted. These complaints, namely are: subscribers don't pay up their bills; doctors allow themselves to be satisfied with drugs of doubtful quality and thereby encourage manufacturers not to offer the best that they can produce; doctors get a percentage

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from druggists, makers of surgical appliances, and make them recommend patients. What a chance for one to pose as a paragon of virtue in a foreign language!

For the sake of variety imagine a German physician who would undertake to enlighten Americans on conditions in Germany and to that end would send letters to one of our great journals. Readers naturally presuppose first, that the writer of the letters understands his business thoroughly, and second, that his object is not to besmirch his own nest, be it through thoughtlessness, ill-will, or a desire to show his unrecognized talents. The wise Swiss Sonderegger<sup>1</sup>—to whom his countrymen ought to erect a monument before they forget what they lost by his death—says, “The man who makes his own position awkward is always a fool.” Now your German writes us a letter on the literary conditions in your country, enumerates the titles of superfluous text-books, “which overflow the market not in virtue of their intrinsic worth, but in obedience to the demands of sheer poverty or at the importunities of the publisher,” or of the so-called quiz-compendes which not only give the idiot using them a ready answer but give the question also, or of a number of articles published in the journals and written by students or young clinical assistants which have no other purpose than to conclude with the expression of humble thanks to the Herr President, whose titles, of course, are quoted in full. You will admit that out of such material it is possible to manufacture a most biting, malicious, and withal, a most untruthful article which would cause an American reader, if he happen to be ignorant, and blessed with a liberal dose of national self-conceit, to say to himself, “After all we, savages though we be, are the better men.” The same letter, however, fails to mention the fact that there would be to-day no universal medicine if for half a century German medicine had not filled the world. In his next letter your benevolent German compatriot enlightens us on the conditions of German medical practice. He draws for his material on the government statistics and above all, Herr Redactor, on your large jour-

<sup>1</sup> Biography, p. 58.

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nal with its many complaints, articles, and letters to the editor bearing on the quack evil.

I gather from a German journal, for instance, that in Saxony the number of unlicensed practitioners has increased by forty-two. Not counting military surgeons, there were one thousand seven hundred and sixty-one physicians and seven hundred and forty-five unlicensed practitioners. Of the latter there were 582 men and 163 women. In five districts the number of unlicensed practitioners was greater than that of regular physicians. Of this gang of 745, 220 practiced "nature-cure," 106 sympathy, 97 homeopathy, 72 massage, 64 dentistry, 46 magnetism, 19 were tape-worm specialists, 9 practiced Baunscheidtism. This honorable company was made up of barbers, weavers, stocking makers, shoemakers, waiters, laborers, tailors, bath attendants, and carpenters.

What a rich theme! What a chance for making it evident to us foreigners that your trade regulations have for the last thirty years made the position of decent physicians impossible, have lowered the prestige of the medical profession, have transformed emulation into competition, competition into a fierce cutting of one another's throat, that the quack is the "doctor," and that Gerhardt, Leyden, Senator, Fraenkel, Curschmann, Ziemssen, Erb, Nothnagel, Bäumlér, Leube, etc., with their pupils and followers, are myths. Such a thing is possible, yea, it has actually been done, in the opposite direction, it is true, from West to East.

It seemed to be desirable (and you have encouraged me in that belief) to bring to your notice in a series of short sketches such facts as may help disarm prejudice and win for our good-will and our achievements the respect, not only of those Germans who are well versed in American medical literature, but also of the average practitioner. It is true that I can do this only under the strictest limitations of space and time, but the very attempt has its own justification. For it seems that our German colleagues have been allowed but a scant measure of means for obtaining information on our conditions. The well-earned German reputation for literary knowledge leaves you in the dark

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as regards our conditions and achievements. In your own publication I read a short while ago that Dr. Max Levy-Dorn has been able to enumerate but three American works on the Roentgen rays out of a total of 165. So also do your writers on the history of the profession take very little notice of us, Julius Pagel alone, in his *History of Medicine* (1898), excepted.

Allow me, therefore, if only by way of introduction, to say a word about the much-exploited, though hardly interesting subject—about fraud in American medicine. It is a national asset in much the same way as what you are pleased to call “the American duel” about which we get our information from time to time exclusively from trans-Atlantic sources. For in our country this thing does not exist.

In vain have I labored to find in the history of American literature an explanation of the origin of that tradition, formerly (?) so widely believed throughout Germany, according to which American medicine was a chimera and American practice mere fraud. In one of the earliest volumes of Virchow's *Archives* you will find mentioned a simple case of cerebral abscess operated on by my old friend William Detmold and along with it the branding of the report as a piece of American humbug.<sup>2</sup> One would experience no difficulty in multiplying such examples. The thing that really distinguishes the American and that was perhaps even more marked in the past is his impartiality of judgment in most things, for he has been perhaps too lavishly feasted on the dainties of the culture of all nations. Our medicine was originally adopted from England, whose art of healing has the advantage of being based on objective observations and of not being led astray by Schelling's natural philosophy. At the moment of this writing, removed as I am from my own residence, I am deprived of all access to literature, but I have with me the anthology which Wunderlich gives as an appendix to

<sup>2</sup> Detmold in *American Journal of Medical Sciences*, January, 1850.—Lebert in Virchow's *Archives*, vol. 10, p. 88.—Detmold in Virchow's *Archives*, vol. II, p. 98.

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his old and classical History of Medicine. The inconceivable absurdities of German medicine during the first forty years of this century certainly stand in striking contrast to the sober and studiously lucid Anglo-Saxon system. And it is certainly not the doings of the American medical men, but the Olympic consciousness of their own superiority on the part of these German colleagues who reared their thrones among the misty clouds, which gave rise to that colossal mistake of simply accusing the trans-Atlantic physicians of fraud. Unfortunately temptations for such misunderstandings are never wanting. All nations—it makes no difference what the cause—are for that matter more or less Chauvinistic. There is even more jealousy, envy, and natural aversion between nations than between individuals. The less they know of one another the greater their mutual contempt. The only means for bringing about, if not sympathy, at least tolerance and a sense of justice, lies in the clearing of the atmosphere between the two nations. The thing which commands our respect may still be hated by us, but we can no longer afford to abuse it.

Fraud! Hard indeed would it be for the Utopian accusing us of fraud to adduce a single instance. The general impression which is commonly referred to is invoked by those who are possessed of the least amount of specific information. This is true not of medicine alone. We know from experience that most of the books on America have been written by those who stayed here but a few weeks. The shallow prattlers like Bourget, who confessedly had himself fitted for a short while by the moneyed aristocracy that he might write a book on America, are at home not in the French literature alone.

## II

In the pre-revolutionary period and for a long time afterwards the character of American medical literature was entirely provincial. Not only did the foremost physicians in the colonies and in the young states obtain their professional knowledge from Great Britain, but the textbooks used were also English. Books do not grow on the stumps of the clearings in primeval forests. At the be-

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ginning of the War of Independence there was one medical book, three reprints, and twenty pamphlets by American authors. To-day there are seven thousand books and reprints and a very large number of pamphlets. The yearly native crop foots up to three hundred books and pamphlets and five thousand journal articles. In the single year 1879-1880 there were published in the United States 10,334, and in England 7476 books and journal articles. The Americans are perhaps the largest consumers of medical literature both foreign and domestic. The latter, as was just mentioned, has considerably and rapidly grown. In the catalogue of Harvard University for 1875-1876 there were recommended to the students as text and reference books, forty-four foreign and thirteen American books. Among the latter there was not one on medical chemistry, on obstetrics, or surgery. In the 1898-1899 catalogue we find recommended seventy-one foreign and eighty-five American books.<sup>3</sup>

Medical libraries are gradually making their appearance in all the larger and also in the smaller cities. The greatest library in the country—perhaps the best in the world—is the one at Washington, which was begun on a very small scale by Hammond at the time of the Civil War, was magnificently planned and enlarged by Billings, and after his departure has been conducted in the same spirit by Huntington. It contains 104,000 titles.

Next to this is the one in the New York Academy of Medicine, which has gradually accumulated a fund<sup>4</sup> the income whereof is devoted to the purchase of new books or of entire collections. The numerous periodicals which are displayed in the reading-rooms before they are incorporated in the library, and about which an account ap-

<sup>3</sup> E. H. Bradford, in the *Boston Medical and Surgical Journal*, June 29, 1899.

<sup>4</sup> One lady (and let us say in passing, a lady of German origin) contributed fifteen thousand dollars towards this fund. From her letter I quote the following: "Of all the money I have spent for the greatest possible variety of purposes, nothing has given me so much inward satisfaction as what I have done for the Academy of Medicine."

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peared in the twelfth number of this publication for the current year, are paid for out of the annual dues of the members. This library has 56,000 volumes, counting duplicates, 75,000.

The College of Physicians in Philadelphia and Boston also have large, well-conducted libraries, the former containing 55,654, and the latter 29,000 volumes.

Excellent medical libraries in the possession of individual physicians are not a rarity in this country. A year ago Nicholas Senn presented the University of Chicago with his library, which is said to contain 30,000 volumes, the contents of which are presumably for the most part of a surgical nature. One private library which I know of in New York probably contains about 15,000 volumes and pamphlets.

The administration has also on various occasions come up to what might be expected of a "government of the people and by the people." Every year a series of volumes is printed at public expense and is distributed free of charge. Here also medicine has not been overlooked. Immediately after the Civil War there was published in six large volumes "The Medical and Surgical History of the War of the Rebellion," and in two volumes a "Medical Statistics," a classical account of the results of observations and experiences accumulated during those four years of trial. Medical history has long since passed judgment on the great merits of that work and Virchow characterized it in his own inimitable way ("On the Progress in Military Medicine," p. 6, 1874). The government of the Union has also furnished means for the organization and maintenance of the large library in the "Surgeon-General's Office," and for the excellent Army Medical Museum, both for many years under the organizing genius of John S. Billings. It must not be imagined, however, that Congress always grants sums of money for scientific purposes in a patriarchal way and that all comes off as a matter of fact. It happens but too often that a renewal of an appropriation is obtained not without a hard fight, not without personal exertion on the part of Dr. Billings, his repeated representations and solicitations before the proper commit-

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tees, and the petitions and covert threats on the part of distinguished medical men and of medical societies of the whole country seasoned with a casual hint concerning the approaching re-election of the honorable representative. This is true, for instance, with respect to the publication of the gigantic catalogue of the Washington library which now consists of seventeen volumes, and of the four volumes of the second series, that most indispensable aid to medical work of modern times. This great undertaking also originated with Billings, who was likewise the originator of the *Index Medicus*. This publication unfortunately came to an end—for the present at least—with its twentieth volume, after Dr. Billings (who left Washington first for Philadelphia and then for New York) had been replaced by R. Fletcher. The *Index Medicus*, which had for its subscribers exclusively lovers of books and of literature, authors in particular, has more than once been near its end and was kept alive only through voluntary contributions, or (as has been the case for many years) through an abnormally high subscription price. This was possible only for a limited time, and half a year ago it came to an end. We hope for its resurrection, perhaps just as soon as some great medical organization will find it possible to take up this work as something which concerns the whole medical profession while thus far it has been left to the enterprise of private individuals. The *Index*, as is also the case with the above-mentioned catalogue, contains no intimation as to the contents, no criticism, only an enumeration, systematically arranged according to subjects, of the titles of books and articles in various journals. It also has an excellently executed statement of the contents of each article at the end of each annual volume.

As a means of education the importance of our medical journals cannot be too highly estimated. Their number runs up into the hundreds. Naturally they are not all of equal value, but there are only a few which do not contribute to the spread of valuable information. This is especially true of the weekly journals, the number of which is considerable. They are published for the most part in the largest cities—New York, Philadelphia, Boston, and

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Chicago. In the last-named city appears the *Journal of the American Medical Association*, of which I shall have occasion to speak later. The *Boston Medical and Surgical Journal*, which has now been in existence over a hundred years and has reached its 141st volume,<sup>5</sup> has always known how to keep abreast of the times and has remained scientific in its tendency and noble in tone. For generations past all the great medical men of Boston have been represented in its columns; the instructors at the Harvard Medical School make free use of its pages for their contributions. Its editorials are thoughtful, and its reviews of the literature complete and concise: a journal of first rank, it is deserving of wide circulation outside of the New England States. In New York the *New York Medical Journal* has reached its 70th volume, two numbers appearing every year. It is under the direction of the learned lexicographer, Frank Foster. Another New York publication is the *New York Medical Record*, which from the very beginning of its existence has been under the management of George Shrady. For a long time it has appeared in two annual volumes and has now reached its 56th volume. The general plan of all these weekly publications is the same. They are made up of original articles, clinical reports, medical progress, correspondence, reviews, and the more or less detailed account of the proceedings of medical societies. All these weeklies are conducted in the right spirit. Only occasionally does their contents remind the reader of the existence of any rivalry among these brothers and fellow-workers. And here your correspondent begs leave to make a few critical remarks.

In the twelfth number of this publication for the current year a reporter places in the public pillory by way of example of what a medical journal ought not to be, the *Medical Brief*, which is published in St. Louis side by side with the above-named *Medical Record*, or rather the latter's editor. This apposition appears to us rather comical. Outside of the fact that you must have wondered, as we certainly did, why you should be made to listen to a long

<sup>5</sup> Now in its 161st volume.—W. J. R.

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tirade against a man who to many of your readers is a total stranger, although well known to many others, the comparison is not merely a halting one, it is quite lame. The *Medical Brief* is sent abroad free of charge by the thousands of copies every month, even to us in the East. It is brought to us in the mail bags, it is rapidly dispatched into our trash-baskets. The lesser half of the thick copy consists of "matter"—its larger part consists of all possible sorts of advertisements. The latter form the main substance, every other page is filled up with them, between them are to be found medical laundry bills without end, replete with unfathomable ignorance, the emptiest sort of platitudes, the clumsiest attacks on modern medicine and its hard-earned conquests. The stuff is manufactured not for the ordinary man but for the commonest of men and tastes, and finds its customers, without a doubt, among its advertisers, out of whom the editor makes his living. What little of would-be medicine the *Brief* contains, padded as it is at times with prescriptions, will surely be appreciated behind the counter and at the bars of the gin-shops. However, the disparagement of the *Brief* is in a general way justified and has nothing to do with whatever personal interest or grudge your correspondent may have. It is only to be regretted that such stuff is paraded before your public as medical literature, which it is not. That Germany should have anything of the sort I do not believe, but in France, if we may judge by the complaints of decent French journals, things are just as bad as in our own country.

How then come the *New York Medical Record* and its editor to be placed on a par with that unspeakable publication? To be sure, the few offensive and insipid remarks about German affairs and German men (*vide* No. 12) have in fact been made. I took the editor, Dr. George Shrady, to task in regard to that matter and have listened to his expressions of regret on the subject. During the forty years of our acquaintance I have never detected in him anything like hatred or ill-will towards Germany. Furthermore, the indictment against him that his name appears in the newspapers more frequently than that of many

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another man, is not so serious after all, as he has for many years occupied the position of head of one of our oldest medical weeklies, which would in itself be sufficient reason why he should be just the man to be approached by newspaper reporters on matters concerning medicine and medical men. Besides, we ought to keep in mind, what is a matter of common experience, namely, that very often the credulous and not over-discriminating public is treated to "interviews" which had never taken place. Now in order further to understand those anti-German utterances about which we hear such bitter complaints, you should keep in mind the fact that our weeklies do not entirely correspond in their contents to what you are accustomed to find in your own publications. Each number contains more or less lengthy editorials which are partly devoted to professional interests of a general or local nature, partly to scientific problems, while some are nothing but abstracts, communications, or translations relating to some new fact or investigation. Naturally these editorials do not all come from one source. Once in a while something will slip in which was not carefully examined and which should not have been allowed. The responsibility, of course, ought to lie with the chief editor, but if a blunder is committed which is obviously out of keeping with the general conduct of the journal, why raise such an alarm? I cannot imagine that it should really be of any consequence to any of your readers to learn that there exists in New York a publication which, on such and such a day of such and such a month, let fall an unpleasant word (which would hardly be remembered by the next day) concerning German affairs or a German scientist.<sup>6</sup> And yet from the thundering way in which your correspondent complains of the matter one would seem to be justified in supposing that such was the case.<sup>7</sup>

<sup>6</sup> Certain Italian journals have given space to charges against an Italian scientist in a very unflattering manner, and yet their editors have not been excommunicated.

<sup>7</sup> Dr. Shrady, however, who, by the way, is a hospital colleague of your correspondent, is not so badly off. When he relinquished

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Among the medical monthlies the *American Journal of Medical Sciences* takes high rank. Its contributions, with very few exceptions, are good and in many instances of an advanced nature. It has existed for a period of seventy years and was founded by Dr. Isaac Hays, by whom it was conducted in an excellent manner up to the end of his life.

Of the less bulky publications the *Albany Medical Annals* have in the last two years become of considerable moment. By no means the only item which has contributed to that effect is the series of articles written by Hun, which brim over with spirit and information in regard to hospital construction as well as to the domain of diseases of the nervous system. The *Post-Graduate*, which is published in connection with the school of the same name, organized for the instruction of physicians has, under the energetic and far-sighted management of Dr. B. St. John Roosa, passed beyond the stage of polemic and insignificance. Particularly brilliant is the number which contains a series of researches by Dana, a man held in high esteem as a general clinician and famous as a neurologist.

The enumeration of all similar publications would be to no practical purpose. In our future letters we shall have to make mention of special journals. However, before I conclude these short notes I should like to be allowed to make the remark that if a well-supported scientific literature does reflect the interest and ideals of the medical profession as well as the actual abilities of the contributors, I believe that our country may calmly take its place in the line of other civilized nations. In this connection I should like to refer above all to two new publications, the *American Journal of Experimental Medicine*, under the editorship of Welch of Johns Hopkins, of which there have so far appeared four volumes, and the *American Journal of Physiology*, the organ of the American Physiological Society, under the editorship of Bowditch and his as-

the secretaryship of the Pathological Society in 1881, he was presented in open session with an honorary gift, which was handed to him by a former president with words of the highest appreciation.

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sociates, the second volume of which is just now in the process of publication. From the contents of the first volume I pick out at random the researches of Welch and Flexner on the bacillus aerogenes capsulatus, Hectoen on vascular changes in tubercular meningitis, Adler and Meltzer on the ways by which fluids from the peritoneum reach the general circulation, Young on the presence of nerves in tumors, and Cushny on cardiac stimulants; from the last volume—Pfaff and Balch on the conditions influencing the excretion and the composition of the human bile. Those of us who have followed the development of American medicine during the last few decades are proud of these and of similar publications. They have gained recognition even abroad and it is with a great sense of satisfaction that I recall, at the time that the first-mentioned journal was in its second year, an enthusiastic and in the highest degree appreciative letter from no less a person than Clifford Albutt.

Further contributions to the literature of our profession are furnished by the great medical societies. These publish volumes of their transactions either at short intervals or annually. Some of these may be found in the libraries of Europe. As regards the New York Academy of Medicine I know of a certainty that its transactions are sent abroad volume by volume as soon as they appear. Since 1847, the year of its foundation, it has published nineteen volumes, while the College of Physicians at Philadelphia has, since 1887, published twenty-nine volumes.

The number of volumes published by the American Medical Association from 1848 to 1882 amounts to thirty-three. Since that time its transactions, which, for the last number of years have attained a decidedly higher plane both in regard to the general tone and the subject matter, have been published in the official journal of the American Medical Association.

At a certain time when it became evident that the work of the association and its few sections no longer satisfied the expectations of those members of the medical profession of the great country who are given more to work than to entertainment, the latter separated themselves from the

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itinerant society and united in societies of specialists, the members of which were chosen from among the contingent of the entire nation. In most of these the membership is restricted, in the Association of American Physicians, originally to one hundred, now to one hundred and twenty-five, in the Pediatric Society originally to forty, now to sixty, and with good reason. From the very start in each one of these national societies, the number of which gradually grew to fourteen, the main concern was to keep out all camp-followers. And they succeeded in accomplishing their purpose. But as nearly ten years ago certain far-sighted gentlemen like Pepper, Weir Mitchell, and above all Claudius Mastin of Mobile, Alabama, had recognized the necessity of reminding the specialists of the fact that they were all "flesh of my flesh and blood of my blood," it was decided that all the fourteen societies assemble every three years in the "Congress of American Physicians and Surgeons," with headquarters at Washington. There had, so far, been held four of these congresses with excellent results. They last three days, have several general meetings and as many special ones as the societies which make up the congress consider desirable. No official excursions, receptions, festivities, or diversions of any kind are held, only the meals are taken in common. Up to this time the congress has published four large volumes. Besides these, of the special societies, the Ophthalmologic has published, since 1864, eight volumes, the Otologic, since 1868, six volumes, the Neurologic, since 1875, twenty-two volumes, the Gynecological, since 1876, twenty-three volumes, the Dermatological Society, since 1877, twenty-two volumes, the Laryngological, since 1879, twenty volumes, the Surgical, since 1881, sixteen volumes, the Climatologic, since 1884, fourteen volumes, the Association of American Physicians, since 1886, thirteen volumes, the Orthopedic, since 1889, eleven volumes, the Pediatric, since 1889, ten volumes, the Anatomic, since 1888, eight volumes. The Society of Urologists publishes its transactions in the *Journal of Cutaneous and Genito-Urinary Diseases*, the Physiologic Society in the *American Journal of Physiology*.

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### III

The hundred years covered by colonial life and the founding of the Union were not devoid of medical effort in spite of the difficulties of the situation. In 1765 a medical school was founded in Philadelphia (Shippen, Wistar, Rush, Barton), in 1768 (reorganized in 1792), another was organized in New York. The physicians also began at an early date to unite in societies, both local and state. In New Jersey the State Medical Society was organized in 1766, in Massachusetts in 1781; at Philadelphia the Collegium of Physicians, which flourishes to this day, was organized in 1786. It possesses its own building and a large library. Some of the physicians who were born about that time or a little later have lived up to our era, as for instance John R. Cox, 1773-1864. He was a pupil of Benjamin Rush and author of the "American Dispensatory" of the year 1806. Others were Franklin Bache, who, together with George B. Wood, wrote that great book on *Materia Medica* which went through many editions and has become a helpful and comprehensive work even to this day; John W. Francis, 1789-1861, obstetrician at the College of Physicians and Surgeons in New York from 1826 to 1830, historian of the cholera of the early thirties, a good physician, writer, and speaker, a man of a highly cultured mind and an exponent of Letamandi's axiomatic dictum that he who knows nothing but medicine does not understand medicine; and R. Dunglison, 1789-1869, the lexicographer of medicine. I have myself personally known pretty well and learned to esteem almost every one of these important men. Besides possessing a general medical knowledge in so far as that was possible in those days, every one of them had a good classical education. In those old times there originated works which would do honor to any national literature, as for instance Drake's "Diseases of the Mississippi Valley" in three volumes.

It was not always the men of the first rank and wide repute who gained notable merit. There is Fisher of Boston, who was the first (1835) to observe the bruit of the fontanelles and, like most writers after him, set it up

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(erroneously) as one of the symptoms of rachitis; there is Carr, who first gave a good explanation (quoted by Winterich) of the auscultatory sounds of the lungs at the beginning of pneumonia (1832), a country physician in a remote western portion of our State.

The great names of Alonzo Clarke and Austin Flint in New York, Bowditch and Bigelow in Boston, have not been forgotten in spite of the torrent-like rapidity of the life of our days. Flint's text-book is still in high favor. A great scientist, a physiologist, and historian by preference, was John W. Draper, while John C. Dalton was the first to teach physiology by demonstrations on living animals, thereby gaining the honorable hatred of all the old maids of both sexes. They all three lived in New York. At Philadelphia, the main seat of medical instruction for many a decade, there labored John Forsyth Meigs, and the much younger William Pepper, who died only two years ago. He died as he lived, deep in work of various kinds. He was much in demand as a practitioner, a teacher of many years' experience, and an organizer of unusual ability. As such he brought the University of Pennsylvania to a height which surpassed all expectations; he lavishly provided means for all sorts of institutions, like the laboratory of hygiene, the management of which was at the beginning assumed by Billings, who gave up his military career for that purpose. Flint also founded the clinical laboratory which he supported out of his own means, and interested himself in a creative capacity in so many municipal and State affairs that his election to the mayoralty of the great city seemed to depend only on his consent. His death, however, did not leave Philadelphia devoid of medical talent. There still lives in his advanced old age the learned, amiable Alfred Stillé, still keeping up his literary activities, and author, among many other things, of the excellent *Materia Medica and Therapeutics*. It may possibly be out of place to speak of the living. Yet I can never think of Philadelphia without calling to mind S. Weir Mitchell, that idol of the women, the favorite of the men and—the muses, whom we must not begrudge his literary triumphs since they

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did not alienate him from medicine, and especially from his beloved neurology. However, I always find consolation in the fact that not even politics, which he confessedly must follow "as a recreation," has robbed us of R. Virchow. Luckily there are large natures for whom there have been set no limits in the achievement of ideal, spiritual greatness.

"Internal medicine" has always occupied a position of first importance. From it there have branched out the various specialties of our science and practice. In it they all find their common home. Several of the great names which I have mentioned were those of clinicians, some of whom have now and then chosen more special lines of work either from personal inclination or through peculiar circumstances. This position will always be occupied by internal medicine; aided by improved methods of diagnosis, by physics, chemistry, and bacteriology, it will more and more realize its mission of preventing and curing disease. Out of it and not from laboratories which are not attended by clinicians, will come forth the sanitarians and the statesmen of the profession. In the terse language of the great American, Benjamin Franklin: "What sense is there in a natural science which has no practical application?" lies the basis of harmony between theory and practice.

That practical tendency of the Americans which prompts them to utilize scientific advantages as much as financial ones, is seen perhaps best of all in the rapid change which took place in their hospitals since the time of Lister. There are hardly to be found more aseptic hospitals and operating rooms than ours; they may be recognized by the fruits they bear. This applies not only to the richly endowed or to the private institutions. Bellevue, the city hospital, with no endowment fund, and to this day provided by the authorities with but inadequate means, was up to twenty-five or thirty years ago in a lamentable condition. Erysipelas and septicemia of all possible forms were matters of daily occurrence and the mortality was enormous. It was well understood by everyone that there

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was no way of remedying the situation other than that of tearing down the entire group of old buildings. However, there it still stands, has even been provided from time to time with additional annexes, and in spite of the fact that its aggregate of patients is made up of the poor, the alcoholics, and the outcasts, it yields the same results as any favorably situated hospital.

In this connection permit me to mention the ambulance service which is extended throughout the city, which goes forth from every hospital of any considerable magnitude, and which has in Europe either been imitated or held forth as a model. I may also mention the medical night service which makes it possible for the poor man to obtain medical aid at all hours by merely applying at the nearest police-station. One European physician, Nachtel by name, who obtained knowledge of these arrangements, succeeded in having them both, the latter first, reproduced in Paris.

The utilization of scientific advances in the interests of the community is shown to advantage in the importance gained by the departments of health of the large cities. Thirty years ago there were in New York at various times at the head of the Board of Health or occupying prominent positions: Willard Parker, then Chandler, professor of chemistry, then Dr. Stephen Smith, and E. G. Janeway. During the administration of the wise and energetic Dr. J. D. Bryant the directorship of the division of bacteriology was entrusted to Dr. Hermann Biggs. He is still in office in spite of the corrupt municipal administration which has no use for conscientious and able officers in that department. He has as a valuable co-worker Dr. Park. They have both worked independently in the domain of diphtheria, tuberculosis, typhoid fever and anti-toxin, and have placed the division of sanitation on a scientific basis. Perhaps in some particular things the work is at present done too hurriedly. For instance, if the law requires the reporting of cases of tuberculosis of all stages and thereby makes it more difficult for the person thus reported to find lodging and employment, the authorities should be first prepared to lodge the tuberculous

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either in general or in special public institutions. Instead of this, the general hospitals have for the last few years denied admittance to the tuberculous.

The State Board of Health, although at times hindered in its work by political machinations, has on the whole also fairly met its problems. The testing of cattle with tuberculin throughout the State originated with this department, and as a result all animals with suspected tuberculosis are destroyed. The department has also the supervision of public institutions, hospitals, clinics, and the like. The national government, on the contrary, has no central health authority. Once, thirty years ago, there existed a national department of health which, for a time, did excellent work and which exerted a marked educational influence through its regularly appearing and freely distributed publication. But it has now been a long while that Congress has obstinately refused an appropriation for that institution. In the meantime parts of its rights and duties have been transferred to one office or another, and on this account we are obliged to witness the difficulties of re-establishing a central office of sanitation increasing from year to year independently of whether the same should form a distinct branch of the government or not.

Notwithstanding the differentiation of the specialties we have a number of contemporary names which are identified to an eminent degree with "Internal medicine" as such. First among these I should name Osler of Johns Hopkins, one of the youngest and greatest, who, with quickness of perception, original thinking, a way of doing things all his own, a knowledge of all modern methods, gigantic power for work, and great erudition, unites irresistible amiability and a simple and concise way of expression. In Philadelphia we have Tyson, Wilson, Henry Wood, and John Da Costa, whose mind, aristocratic in the best sense of the word, is in keeping with his humane character, his fine perception, and his earnest erudition. In New York there are Delafield, Peabody, Thomson, and Thompson; in Boston, Shattuck, and Fitz, whose name has been identified with the pathology of the pancreas; in Ann Arbor, Dock; in Chicago, Lyman; in St. Louis, Baum-

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garten; in Cincinnati, Forchheimer and Whittaker; in Albany, Hun.

Bacteriologic investigation was enrolled in the service of the clinic at an early date. Although Bradford, referring to a new American work on bacteriology, says that out of his collection of eighty-nine different titles twelve are Italian, four Japanese, and only six American, and that no American has as yet discovered a new pathogenic micro-organism (Sternberg will have to compromise with Sanarelli, Koplik with Czaplewski), we are not poor in names of men who through their own achievements have earned an honorable reputation and to a certain extent considerable fame. I shall mention Welch of Johns Hopkins, Sternberg in Washington, Theobald Smith, Ernst and Councilman in Boston, Prudden in New York, Abbott in Philadelphia. The Department of Agriculture of the central government has also won great merit by its investigations in the field of Texas epidemic among cattle.

Physiological chemistry has its representatives of the highest rank in Vaughan and Novy of the University of Michigan (Ann Arbor University?), and in Chittenden of New Haven. As early as 1867 there appeared Theodor Wormley's classical "Microchemistry of Poisons." The work of all these men has a close bearing on clinical medicine. It is not merely a theoretical advance, but one of great practical importance. All these gentlemen are teachers constantly coming in touch with clinicians. Only in this way did it become possible for the conquests of bacteriology and chemistry to force their way in a short time to the remotest medical circles. The eagerness for acquaintance with new methods and ideas is perhaps shown by the fact that Charles F. Simon's excellent "Handbook of Clinical Diagnosis by the Aid of Microscopic and Chemical Methods" is continually printed to meet the ever-increasing demand—a testimonial equally favorable to the author and to the medical profession.

Here, as everywhere else, many investigators have devoted their time to the study of the blood, and the interest of the medical profession in the results of these studies is shown by the diligence with which they are prosecuted.

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Cabot's "Clinical Examination of the Blood" has gone through three editions within a few years. Of the numerous authors on the same subject I shall only mention Osler, who treats the whole subject in the second volume of the "American Text-Book of Medicine." Rotch on the blood in childhood, the young John S. Billings on the blood in pneumonia and diphtheria, Thayer on the blood in typhoid fever, Dana on the blood in tuberculosis, Taylor on the blood in malignant diseases, Morse on the blood in rachitis, without mentioning many others. James Ewing, the newly-appointed professor of pathological anatomy in the just organized medical department of Cornell University, has published abundant studies of the blood from Camp White Oak, one of our many ill-famed military encampments. Several of the above-named works are to be found in the Johns Hopkins Reports, of which the eight volumes that have so far appeared form a mine of researches of the first order. In this connection I should also mention Flexner, the youthful pathologist of the University of Pennsylvania, who is just now in the Philippines, and his "Pathology of Cases of Poisoning with Toxalbumen." Thayer and Hewetson and their work on malarial fever in Baltimore, Becker and his "Fatal Cases of Malarial," Williams and his "Tuberculosis of the Female Genitalia," Councilman and Lafleur and their work on amebic dysentery.

Nor is there any want of clinical researches. As proof I have only to offer you Dr. Andrew H. Smith's article on pneumonia in one of the last volumes of the "Twentieth Century Practice," which is very thorough and very suggestive. The main stress is laid on the distinction between the functional and the nutritive circulation in the lungs and on the view that colonies of pneumococci are formed in the small tubes and air vesicles and act as an irritant, cause an exudation of fibrin, emigration of white and transmigration of red blood cells from the branches of the pulmonary arteries, impede the blood current and thus cause in the neighboring tissues an accumulation of "pneumic acid." The formation of toxin, which is meanwhile going on, gives place during the retrogressive changes

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in the exudates to the formation of antitoxin. As regards the significance of the crisis Smith offers the following view: The medium in which the colonies of cocci grow is impaired through the disturbance of the circulation; the production of toxin is diminished or entirely stopped, while through the impeded circulation and the resulting insufficient supply of sodium bicarbonate there is an accumulation of free pneumic acid in the pulmonary tissues.

There are in every country many hand-books on internal medicine. It seems to me that even Germany has quite a number of them not all of the same rank as Strümpell. Let us note by the way that the translation of this book is highly prized here by both students and physicians. Tyson's book is concise, practical, and scientific. Osler's, even in its bulky volume, has had a phenomenal success here, as well as in Canada, and in Great Britain, as would be expected from the fame of the author. We also have our encyclopedias which are gotten up after well-known models. The one by Pepper, which appeared in the eighties in five large volumes, the one just finished by Loomis and G. Thompson in four volumes, and the one not yet completed, proposed in twenty volumes, "Twentieth Century Practice" by Thomas Stedman (this last international in scope) are all collections which in my judgment do honor to the position of American Medicine. They all have a large sale, and what is better, are much used. But it takes a good deal to satisfy the one hundred and twenty thousand physicians with whom the one hundred and thirty or more medical schools are conscientiously providing us.

The wide field of internal medicine lends itself better to the elaboration of monographs than most of the other specialties. The "Diseases of the Stomach" by Einhorn and by Hemmeter enjoys a well-merited reputation and is also known to you. The versatility and inventive spirit of the first author are much esteemed. His fermentation test for sugar was brought out by him while he was yet in Germany. We were interested observers when his gastrodiaophon and other inventions made their appearance.

Here I shall make a remark which is perhaps too

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clearly of secondary importance. But I should very much wish to have this rough sketch, imperfect as it must be, possess at least the saving quality of likeness. What one may justly reproach us with is perhaps a bit of boastfulness to which young people and young nations are given. At times our imagination still runs away with our achievements. Thus we print "American" text-books of physiology, of diseases of children, of surgery, and publish "American" encyclopedias. In the English, French, German, and Italian literatures I do not recall having seen anything of the kind. With the original Russian literature I am not sufficiently familiar to know whether the writers of that country which toiled out of the savage state at about the same time as ourselves, suffer from the same short-sighted vanity. However, it is possible that the fault lies with the publishers who exploit the protectionist prejudice in favor of "our infant industry."

Neurology is gloriously represented since 1875 in the very active "American Neurological Association." It was organized when in Europe (Germany) there were but two societies of similar aim. In England the first society of the kind was formed only in 1886. The transactions of our association were published up to 1881 exclusively in the *Journal of Mental and Nervous Diseases*. The *Journal* and *Brain* contain a great deal of what has been accomplished here in this particular specialty. But other of the more important journals of the country, especially the *American Journal of the Medical Sciences*, the *New York Medical Record*, the *New York Medical Journal*, etc., have also brought forth works of the best authors.

The localization of the various centers in the brain has been elaborated with special assiduity since 1890 (Mills, Starr, Seguin, Amidon, Putnam, Prince, Spitzka, Dana), that of the cerebellum by Seguin, of the spinal cord by Starr, Mills, Eskridge, Lloyd. Good studies of the fibre tracts of an earlier date are those by van Giesen and Starr. Brain tumors were described in monographs by P. C. Knapp, and have been removed by Keen, Weir, and Bradford; the first tumor of the spinal cord was removed

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in this country by Abbe. The surgery of the brain was elaborated in a monograph by Starr in 1893. Others deserving special mention in this connection are Seguin, Weir, Putnam, McBurney, Gerster, etc. The first important work on trephining for epilepsy was by John B. Deaver in 1888. This was a subject which was very much debated by the association, until a few years ago, when it came out publicly in a conservative sense. The colonization of epileptics found its ablest advocate in Peterson (Petersen?). The symptomatology of epilepsy has been enriched in some valuable respects by G. W. Jacoby; we are obliged to the same author for a good work on lumbar puncture (?) and exact electrical studies. Cerebral palsies have been carefully studied by Sachs, Peterson, and E. Fisher; cerebral atrophy by Starr; paralysis agitans by Dana; amaurotic family idiocy by Sachs; syringo-myelia by van Giesen (1889), Starr, Dercum, Lloyd, and Hinsdale; Landry's paralysis by Mills and Spiller; Morvan's diseases by the latter; poliomyelitis as an infectious disease by Taylor and by Caverly. The toxic origin of nervous diseases in general has become a subject of investigation through van Giesen and through Berkley. Chorea has been made the subject of investigation by Dana, Fisher, Osler; the hereditary form, for which Dana claims a degenerative process in the cortex, bears even in your country the name of Huntington's. There are various anatomic and physiologic studies besides the above. From the older history of our neurology I should like to mention only Weir Mitchell's Erythromelalgia, George M. Beard's Neurasthenia and Rockwell's works on electrotherapy. General text-books are those by Hammond, Gray, Dercum, Mills, Hamilton, H. C. Wood, Peterson, Church, and Collins. To these must be added monographic works like that by Spitzka on delirium, Starr on the more common nervous diseases, Herter on diagnosis, Weir Mitchell on nerve lesions, and his clinical lectures, William Hirsch—"Genius and Degeneracy" (Berlin and Leipzig, 1894), J. Collins—"The Genesis and Disturbances of Speech," Loeb on the comparative physiology of the brain, and several others.

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### IV

Pediatrics is a somewhat younger science in America than in Europe. At the time when Rosenstein and Underwood wrote, our nation still lay in its cradle. In a country which must first be wrested from wild nature refined fruit ripens but slowly. From that oldest period we have contributions from Benjamin Rush (1791) "On Influenza in Children," by James Stuart (1806), Jackson (1812), and Edward Miller (1814) "On Cholera Infantum." The first book of considerable size on the diseases of children was written in 1825 by Logan (of course as early as 1810 there was published by "An American Matron" a work on the care and feeding of children). Logan's book was soon followed by one of greater merit by William P. Dewees of Philadelphia. However, up to 1850 little was done. Besides some monographs there appeared a textbook by John Eberle (1833), James Stuart (1843), E. D. F. Condie (1847), M. and J. Forsyth Meigs (1848). J. B. Beck's work on the therapeutics of children I studied at the beginning of my medical practice with pleasure and profit. This author turned to good account both his freedom of thought and his experience. In the year 1850 Charles D. Meigs published a course of lectures which he had delivered before the students of the Jefferson Medical College at Philadelphia. That was all. Of course we must not forget that only Hauner and Mauthner besides the never-to-be-forgotten Bedner wrote in the German tongue at the time that the great masters Rilliet and Barthez shed their light far beyond the end of the century.

In the fifties there was awakened a more lively interest in pediatrics by the regular appearance in the *New York Journal* of abstracts from European literature, and in 1859 also possibly by the contributions to Midwifery and the Diseases of Women and Children by E. Noeggerath and A. Jacobi. The intention of the authors to issue a yearly resumé of the literature in book form of about three or four hundred pages was undoubtedly frustrated by the fact that the parallel publication of matter of such wide extent relating to two different specialties appeared to be mislead-

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ing. Misleading it certainly was, for it is a fact—which some authors may understand—that the authors were able later to boast that they had derived a pecuniary income from the Einstampfen of unsold copies. Some time previous to this appeared a work on diphtheria which kept awake the interest in sick children, although it was only in August, 1860, that the first more comprehensive work on that disease was published in the *American Medical Times*. A translation of it (a very poor one, by the way) was published in the *Journal für Kinderkrankheiten*, while in America it was widely reprinted. Since that time pediatrics has rapidly developed in this country as a special branch of medical science, more particularly since the time when in 1860 there was founded in the New York Medical College the first American professorship with clinical instruction. Until then children were occasionally exhibited in the gynecological clinic by Gunning Bedford and G. T. Elliot.

About this time J. L. Smith (New York) began to work in pediatrics. He continued to be identified with this special branch up to the time of his death, which occurred a few years ago, although he kept up his general practice. His earnestness and his application enabled him to do effective work as teacher and writer in spite of an exacting practice. His first work, "A Report on the Post-Mortem Findings in Eleven Cases of Cholera Infantum," appeared in 1858, the first edition of his text-book in 1869, the eighth in 1896. To many this book was a valuable guide, it kept up with the progress of the times as edition followed edition, and was also reliable to a certain degree in surgical matters since the author had the co-operation of his brother, the earnest surgeon and sanitarian, Stephen Smith.

"The Cyclopedia of the Diseases of Children," in five large volumes, began to appear in 1889 under the editorship of John M. Keating. In the introduction, which I had the honor of writing, the position which pediatrics at that time occupied in America as a science and as a special branch of instruction was explained in detail. The greater part of the works contained in this exhaustive

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collection stood highest at that time. It was not perhaps as monumental a work as Gerhard's Handbook, but it was freely bought and read and contributed more than anything else towards strengthening the position of therapeutics with the medical profession. A very large and valuable supplemental volume appeared this year under the editorship of W. A. Edwards, who replaced Keating, the latter having died in the meanwhile.

In 1894 there appeared "An American Text-Book of the Diseases of Children," by Dr. Louis Starr, also of Philadelphia. It is a large volume filled with essays by many authors, whose monographic articles are for the most part admirable. The second edition appeared this year.

A book of wide scope, in part original and splendid, but unevenly elaborated, is the "Text-Book of Pediatrics," by T. M. Rotch, of Boston. Some of the articles are particularly remarkable. The lion's share, however, is taken up by the article—unfortunately too long drawn out for a text-book—on infant feeding, with especial reference to feeding by "milk modification" (*vide infra*).

The handbook by L. Emmet Holt (New York) may be designated as good in every respect. It is distinguished by true bedside observations and post-mortem findings and by its simple flowing style. On this account I like to recommend it to my students.

B. Sachs's "Handbook of Nervous Diseases in Children," which appeared in New York in 1895, has been made accessible to you in the German language. The criticisms, for the most part favorable, which I have noticed in the German journals coincide with my own opinion of this work. The flaw which attaches to this great work is perhaps the fact that nervous diseases of children are as yet much less of a specialty than the diseases of children in general. Some of this author's articles, admirable though they be in themselves, give us the right to inquire whether they do not belong in a text-book of nervous diseases in general rather than in a book on the diseases of the age of childhood.

Monographs such as are written in so large a number in the German literature are not common in this country.

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The "Infant Mortality at Birth and its Prevention," by A. Brothers, which was awarded a prize in 1896, is an example worthy of imitation.

In the current literature pediatrics is well represented. In 1868 was founded the *American Journal of Obstetrics and Diseases of Women and Children*. Although its first article was devoted to the "Pathology and Treatment of the Various Forms of Croup," and although various articles from the same pen appeared in the course of the following years, pediatrics had been pretty much neglected. Only considerably later a part of the monthly issue was for several years reserved for this purpose, but the categorical order of the publishers put an end to that. For the last number of years pediatrics has been reduced in each issue to a selection of abstracts occupying from twelve to fifteen pages. On the other hand there was founded by W. P. Watson, in 1884, the *Archives of Pediatrics*, a monthly publication which has since then made up a large yearly volume. It was the first special journal of the kind in the English language.

The interest now manifested in this specialty is due to the activity of private physicians, such as Fischer, Crandall, Carr, and Kerley, etc., as well as to the existence of special societies in various large cities of the country. Their transactions may be found in several journals. Since 1880 there was founded in the American Medical Association a section of pediatrics and one in the New York Academy of Medicine since 1886. The American Pediatric Society, which holds annually a three days' session, was organized ten years ago and has issued every year a volume of its transactions where some new and original studies may be found. As an example I shall only mention the researches of Booker (Johns Hopkins) on the bacterial conditions in the different forms of gastroenteritis, a subject on which he labored with equal merit and contemporaneously with Escherich. A society for the advancement of pediatrics was formed several years ago in Philadelphia. Under the leadership of the esteemed Crozer Griffith and others it continues to do creditable work.

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The position of pediatrics as a special branch of instruction is not everywhere the same. Since 1860, when there was erected in one of New York's institutions, the first children's clinic with regular demonstrations, a considerable time elapsed before other schools of this and other cities followed this example. Indeed, the existence of exclusively pediatric instruction hinged upon the presence of a single teacher who during a period of ten years twice renounced his position to accept a third in a different institution. Since 1870, however, and in some instances a year or two previously the schools for the whole country have gradually made arrangements for giving pediatrics a place among the other "clinical specialties" (these other special "clinical" subjects are ophthalmology, otology, nervous diseases, dermatology, and venereal diseases, laryngology). But the recognition that it gets at the hands of the governing faculties of the universities is variable indeed. Here and there it is advanced to the dignity of a full professorship and is held in the same respect as the other chairs. This for instance is the case at Harvard. In other places the instructor is a "clinical" or an "adjunct" professor or altogether an unpaid lecturer, as, for instance, Crozer Griffith at the University of Pennsylvania. There are other differences which concern the relation of the students to the subject. There still exist schools where it is left to the student to decide whether he does or does not like the subject. As long as the choice is free naturally no examination is required. However, up to ten years ago, an examination in pediatrics with perhaps one or two exceptions was nowhere obligatory. It required much arguing to convince the faculties that as long as this was the case the student would take the hint from the teaching-staff which denied this branch official standing and would look upon it with contempt.

By degrees, however, pediatrics has risen to a place of an acknowledged special professorship. The fact that my friend Foreheimer occupies in the University of Cincinnati the position of "Clinical Lecturer on Internal Diseases" and also of "Pediatrist," is a matter which concerns this man alone, who evidently loves hard work.

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Five years ago, after the death of Henoch, Gerhardt had to do the same thing; but no one understood better than himself how to make it plain that while pediatrics is deserving of special instruction and special study it should be regarded only as a part of internal medicine and not as a well-defined specialty. In former times it was an appendage to the chair which bore the name of "Midwifery and the Diseases of Women and Children." Even after "Clinical Professors" of pediatrics had been appointed, the regular professor retained his long-winded title. Why, it even happen once—not a thousand years ago—that when a lecture of the clinical professor of pediatrics was taken down stenographically and then published in one of the periodicals under the superscription "professor," the latter was reminded that he must not parade a title which fitted only the long-winded incumbent who, by the way, like all his colleagues in other schools, never mentioned pediatrics from one semester to the other. But just the same, whether recognized officially or not, pediatrics has conquered for itself a place in a comparatively short time. Earnest minds are directed towards it everywhere, and the medical profession shows its interest in this branch of science by the demand for good books and by the prosperous existence of two special publications, while students crowd the children's wards of the hospitals just as soon as they are made accessible. For instance, in the past year a fund was endowed by an anonymous person to Columbia University in New York, the income whereof was to be applied to the foundation of a department for children in a near-by hospital with the provision that it should be under the sole charge of the professor of pediatrics in the university who should utilize it in the teaching of his specialty. The facilities thus gained in the matter of clinical instruction were greeted enthusiastically by the students of the last (fourth) year.

A history of pediatrics in America cannot be considered complete unless it assigns a place of honor to Joseph O'Dwyer. The invariably bad results which followed tracheotomy in the Foundling Institute where he labored, gradually led him independently to the idea of intubing

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of the larynx. He knew nothing of the priority of Bouchut, and poor as he was in health and busy besides with an exacting general practice, the man devoted five years to experimentation and manipulation with larynges and instruments before he modestly stepped into publicity. The first recovery after intubation was that of a girl four years of age, who was operated on May 21, 1884. The first public recognition was shown O'Dwyer after a demonstration of his procedure before the annual meeting of the State Medical Society in February, 1886. I can still see him blush like a school girl, when, after an appreciative and encouraging allocution by one of the well-known gentlemen, the shy and modest man became the object of the applause of that great gathering. After that, it was not long before he found recognition everywhere. What he bitterly complained of later on was the circumstance that incompetent mechanics supplied poor instruments. His own account of the history of intubation may be found in the *Transaction of the American Pediatric Society* for 1896, during which year he was president.

In Europe both his name and his procedure have obtained full right of citizenship only after prolonged opposition, although Ranke, Widerhofer, Bokai, Baginsky, and others labored in its favor. The most important point in their opinion is the question whether in private practice intubation offers the same favorable prognosis as it does in hospital cases, whether the danger of asphyxia when the tube is coughed up is not too great, whether it is necessary that the child should be under the watchful observation of a physician thoroughly acquainted with the operation or whether the attendance of intelligent parents or nurses is sufficient. So much, however, is certain, that in this country out of many thousands of intubations ninety-five per cent. were performed in private practice. I hope that at the next congress, which is soon to be held at Munich, Dr. Joseph Trumpp, with the mass of statistics which he has gathered, will succeed in winning a new field of usefulness and renewed confidence for intubation. The collection of data on the same subject inaugurated three years ago by the American Pediatric

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Society and the contributions obtained since then from many private sources and from many countries, will, it is to be hoped, furnish sufficient material for arriving at correct conclusions.

Special hospitals for children there are but few in the United States. The one at Albany (New York), under the management of that beloved physician and highly honored clinician, Henry Hun, with its one hundred beds, and another at Boston, are exceptions far from very numerous. Smaller institutions are to be found at Cincinnati (Forchheimer), St. Louis, and Philadelphia, as well as in smaller places. In New York hospitals exclusively for children are neither numerous nor large. The Babies' Hospital (L. Emmet Holt) has some forty beds, St. Mary's Hospital (Poore) has perhaps as many. It is mostly occupied by surgical cases (Osteoplasia). Mount Sinai Hospital (Scharlau), St. Luke's, Bellevue, and Roosevelt Hospitals, have children's pavilions with from twenty to forty beds; the Post-Graduate Hospital (Chapin and Caillé) has about forty. For clinical instruction, so far as I know, besides the last-mentioned pavilion can be utilized only the one at Roosevelt Hospital, situated as it is near the buildings of the College of Physicians and Surgeons (Columbia University). The city hospital of the St. John's Guild with its forty beds was simply dropped in order that more means could be provided for the weekly excursions which the Guild conducts every summer on its own boats. The same organization, as well as other societies, maintains summer establishments at the sea-shore, partly for legitimate hospital purposes, partly as nurseries.

As is the case in your country so here also, there is much work done in the cause of hygiene and the care of children, particularly of the youngest. Artificial feeding is paramount in the minds of all. The New York Board of Health, in its strict surveillance of the milk supplied for consumption, has, as in many other respects, done work deserving of the highest praise. Good milk, as free from germs as it is possible to make it, has become the article of commerce. Coit of New Jersey has earned the highest merit in this respect both for his own work and as fur-

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nishing a model which is imitated by others. Caillé was the first to familiarize us with the Soxhlet apparatus and sterilization in general. Arnold, Seibert, and Freeman have each presented apparatuses. The latter especially deserves credit for prolonged partly scientific, partly practical work in the field of pasteurization and sterilization. He is adviser to a rich layman (Nathan Straus), who for many years has been selling in the poorer quarters of the City of New York and for some time past also in Brooklyn sterilized milk, pure or slightly diluted with barley water and sugar, at or below cost and in great quantities. Koplik has also devoted himself assiduously to the milk problem. He is an opponent of pasteurization and insists upon thorough sterilization. This earnest and able man, who has distinguished himself through bacteriological researches (diphtheria, whooping cough) and clinical experience (mouth manifestations of measles—"Koplik's spots"), will surely not fail to find adherents also on this question.

But in the whole field of medicine there is no theme about which opinions differ so much as that of infant feeding. With the name of L. Emmet Holt is identified in this country the scientific apportionment of the various constituents of milk, and the addition of fat and of sugar of milk and water in the artificial feeding with cow's milk; while with the name of T. M. Rotch is identified the "modification of milk." This procedure, which has become familiar since 1893 through its incorporation in many publications (*Archives of Pediatrics*, 1893, Rotch's "Text-Book of Pediatrics, and the supplement to "Keating's Cyclo-pedia," 1899), consists above all things in the separation by means of the centrifuge of the various constituent elements of milk and their recombination in the desired proportions either with or without the addition of lime-water and sterilization in definite quantities for separate feedings. By various such measures his (older) method differs essentially from that of Gaertner, which both qualitatively and quantitatively offers a permanently uniform commercial product in tin cans.

The question of infant feeding naturally forms here,

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as it does with you, a very important staple article in the literary output. So far one great point has been gained, but only one, namely, the conviction that milk must be as free as possible from pathogenic germs, this being accomplished by the application of heat at various degrees. But there is still considerable debate going on about all that lies beyond this fact. Had the problem been easy of solution the battlefield would have long since been free of contestants, each one of whom at present believes himself to be absolutely in the right. The greater the number of remedies recommended for a disease the more certainly is the disease incurable. The more formulas there are for preserving the life of little children, the more difficult the problem and the more remote the solution. I very much fear that not even Heubner, Monti, and Variot—those great chosen champions for the Paris Congress—will succeed in giving a final solution to the question of infant feeding.

The chemical problem is not so easily solved as the bacteriological one. Outside of the fact that chemistry is not physiology, that the human stomach is not a test tube and that the intestinal canal is not a retort, the difference between human casein and that of cow's milk is still not sufficiently known or estimated, and as regards sterilization, especially that form of it which is intended to kill all the germs, its effects on the albuminous constituents of the milk, and the nutritive qualities depending on them are far from certain. As early as 1894 in a public address at Rome (see Transactions of the Eleventh International Congress) I expressed my conviction that the exclusive feeding with sterilized milk is one of the causes of scurvy in children, and further experience has confirmed me in this opinion.<sup>8</sup> Nor do I look upon the liberal addition of sugar of milk as a blessing. Imitating nature is still not nature. The same applies to the liberal increase of the fat contents of cow's milk which has come to be the rule since a certain series of analyses has put

<sup>8</sup> The data collected in 1898 by the American Pedagogic Society has also furnished proof in favor of this assertion.

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forth the claim that there is an essentially higher percentage of fat in woman's milk than in cow's milk. This procedure is frequently the determining factor in getting up a diarrhœa and dyspepsia.<sup>9</sup> Nor can the question of dilution be settled on paper, either as regards the quality and the quantity of nutrition. With a persistence in no-wise justified the profession has simply ignored the conclusions of Zweifel, Korowin, Schiffer, etc.—now a quarter of a century old. Moreover, the small amount of starch in the cereals which I have employed to advantage for over forty years as an addition to the artificial food of nurslings has been declared highly treacherous. The dawn of moderation of opinions seems to break but slowly. Finally another question remains yet to be solved: whether we should prefer milk sterilized *en gros* or milk sterilized in the home. The producers and the babies do not always appear to be of the same opinion. It just depends upon one's particular point of view. And last of all,—for this article must somehow come to an end—I have my doubts as to whether milk which has first been broken up in the centrifuge, then sterilized, can once more be so recombined as to correspond to the original natural product. You will hardly be able to convince a woman that the Gaertner's "mother milk," discolored and with its layer of cream and its odor, is similar or equal to her own.

### V

Surgery found important followers in America at an early period, and some of our names are favorably known in Europe. With the exception of Ephraim McDowell (1772-1830), the first ovariologist, I have personally known every one of the older men whom I shall name to you and I can also speak from personal acquaintance of

<sup>9</sup> In this connection I would refer the reader to the excellent book by A. B. Marfan "Traité de l'allaitment," etc., Paris, 1899, p. 10, where he will find the statement based on conclusions drawn from the analyses of Gautier, Fery, Gautrelet, Guirand, Pfeiffer, according to which woman's milk contains 3.8 per cent. and cow's milk 3.7 per cent. of fat. Tant de bruit!

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all the younger men almost without exception. If I do not go into details it is because, outside of the lack of space, I know that your readers have been made familiar with the achievements of at least a good many of those whose names are to follow. John C. Warren, one of four generations of Boston physicians of the same family (1778-1856), was professor of anatomy and surgery in Harvard University. How that sounds to-day! Anatomy and Surgery! But it is only a hundred years since Haller taught anatomy, botany, chemistry, medicine, and surgery, the latter though without himself having the courage to operate. Fifty years ago the great Langenbeck in Göttingen was my professor in anatomy and in surgery. And nearly forty years ago my surgical colleague, Carnochan, performed operations in the then New York Medical College on the cadaver and on the living patient on the same revolving table in the amphitheater, in the same purple velvet gown, and, I do not remember, perhaps even with the same knife. I may add that our clinical hospital and our dissection rooms were separated by only one staircase. That was in the "good old times," and only goes to show how the difficulties multiply (and the results diminish) in direct proportion to ignorance. Warner's name is intimately connected with the birth of anesthesia. It was his patient on whom Morton for the first time tried ether for operative purposes. He has made a name for himself by the introduction of paracentesis of the pericardium, which so far as I know, was done by him for the first time, by his book on tumors, and by other things, and has won great merit by the establishment in 1828 of the *Boston Medical and Surgical Journal*, which has preserved to this day its well-earned reputation for style, sobriety, and scientific character. Samuel B. Gross, who lived for the greater part in Philadelphia, was one of the most learned surgeons in the country. He operated, taught, wrote a text-book on surgery, another on pathological anatomy, and made himself doubly deserving of recognition by his historical studies, for which our taste has unfortunately not yet been much developed. His biographies of eminent American physicians and surgeons of the nine-

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teenth century (1861) and his history of American literature (1876) are beautiful works. From the latter I shall cite you one anecdote which marks in an amusing way the changes that have taken place in the last twenty-five years. On page eighty-four Gross writes: "Dr. Barnes related not long ago that a short time past he was honored with a visit from a lady possessed of typical latter day intelligence. She consulted him about a uterine fibroid. 'But as I,' says Barnes, 'did not go beyond my particular province she remarked to me that Dr. Brown-Sequard was in charge of her nervous system, Dr. Williams was taking care of her lungs, Spencer Wells kept a watchful eye on her rectum, and Dr. Walsh had her heart in his keeping. If but some adventuresome doctor would take it into his head to evolve a new specialty and open an establishment for the exclusive treatment of the diseases of the navel, which is the only part that has not yet been seized upon, I think I could promise him more than one patient.'" Gross remarks: "Dr. Barnes is mistaken. The veriform appendix is without a specialist." But how mistaken was also Dr. Gross!

Valentine Mott (1785-1865), a pupil of Astley Cooper and Bell, in his advanced old age as I knew him was still a bold and brilliant operator, and at the same time a good and painstaking anatomist who was perpetually in search of abnormalities. I recall with pleasure the more than septuagenarian as one day, highly elated, he announced to me that he discovered on the dissecting table, a double cremaster. Several unusual operations, like one for aneurysm of the innominate in 1818, and the removal of the clavicle for a large tumor served to direct general attention to him at an early date. With Gurdon Buck originated the treatment of fractures of the thigh by weights; while Willard Parker, in 1867, systematically planned and carried out an operation for appendicitis. Henry J. Bigelow performed the first excision of the thigh (1852) and the operation of litholapaxy, *i.e.*, the removal of stone from the bladder by means of crushing and lavage. Bobbs did the first cholecystotomy (1867). L. H. Sayre introduced the treatment of kyphosis (and

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scoliosis) by means of the plaster of Paris corset. Another shining light about that time was D. Hayes Agnew, author of a text-book on surgery which was in great demand.

Others to be mentioned are Nathan Smith, Frank H. Hamilton, Alden March, John T. Hodgen, and, above all, Ernst Krackowizer, equally renowned as surgeon, physician, and pathologist, whose loss, even now, after he has been resting under the sod this quarter century, is felt in many quarters not alone on account of his medical achievement, but also for his sympathetic nature and that unselfishness with which the former legionaire of Vienna interested himself in our municipal and national affairs. All these and many others—among whom I must not forget to mention Lothar Voss, who, I am sorry to say, returned thirty years ago to his Westphalian home,—labored in the pre-Listerian times. Antisepsis became the war cry only in the seventies, and more particularly after Joseph Lister paid us a prolonged visit in 1876.

Since that time the number of surgeons as well as their achievements has steadily grown in this country, as in fact has been the case all over the world. Some of the names, perhaps all those whom I shall mention in this short sketch, are well known to many of your readers. To Sands, McBurney, and others we owe many important improvements in the operation for appendicitis. McBurney's name has been given to the point of characteristic pain located on the line drawn from the anterior-superior spine of the ilium to the navel. He also gave us the operation of exarticulation at the hip with intra-abdominal compression of the common iliac artery; also the rapid reduction of the dislocated and fractured head of the humerus by a method which did not originate with the Boston colleague claiming credit for it. To Sands we also owe one of the first successful laparotomies for intussusception in a nursling. Permit me briefly to mention a few more names and their superior achievements: Abbe, internal esophagotomy by means of silk threads after primary gastrotomy ("string method"); Murphy, Murphy's button, resection and suturing of the arteries; Senn,

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intestinal anastomosis by means of decalcified bone plates, researches on the pancreas, text-book of surgery; Keen, drainage of the lateral ventricles, omphalectomy as a part of the operation for umbilical hernia, an excellent book on surgical accidents in typhoid fever; Hartley (together with Krause of Altona), extirpation of the Gasserian ganglion for trigeminal neuralgia; Halstead and Willy Meyer, independently of each other, radical operation for cancer of the breast by extensive ablation of the soft parts, including the pectoralis minor; F. Lange—who, by the way, was the first to have the insight and courage to limit himself at the very outset of his career in this country to the exclusive practice of surgery, while up to that time none of our American celebrities could make up their minds to take that step,—position in operations on the kidneys, internal esophagotomy by means of a knife-blade suspended from a silk thread and then retracted; A. M. Phelps, the treatment of clubfoot by open section; Weir, scientific surgical treatment of abscess of the stomach, which he was admittedly not the first to carry out; Keys, Fuller, Alexander, prostatectomy; F. Otis, internal urethrotomy; Konrad A. Kelly, perfection of the direct method of cystoscopy and proctoscopy; Weyeth, exarticulation of the femur by the aid of long needles, following similar propositions by Volkman and by Trendelenburg; Coley, treatment of inoperable round-celled sarcomata with the mixed toxins of erysipelas and bacillus prodigiosus; McCosh, injection of aperients directly into the upper end of the small intestine in operations for general peritonitis; W. T. Bull, suture of multiple perforations of the small intestine caused by bullet wounds; Halstead, employment of rubber gloves in aseptic operations, which was promptly adopted by Zöge-Manteuffel and McBurney; van Hook, anastomosis of the ureters; Mears, vasectomy for hypertrophied prostate; Royal Whitman, the treatment of flat-foot.

There has been very much original work done in connection with everything just mentioned. The American mind is peculiarly inventive, and what it does not invent it modifies and improves to suit its needs. Foreign visitors

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are struck with the simplicity and practical usefulness of the surgical armamentaria, and the various apparatuses originated in this country speak well for the painstaking study of thoroughly understood needs. As an example, I would mention the old Davis-Sayre apparatus for hip-joint disease, and from the last decade Girtner's "telephone probe" for the detection of metallic objects lodged in the body. It can only partially be replaced in its usefulness even by the Röntgen rays.

The *Annals of Surgery* is a surgical journal of great importance. It has been in existence over twenty years. Besides this, there is not a great journal in the country which does not contain articles on surgery.

Outside of the periodical literature there is a large number of text-books. I would even say that the number is much too large were it not for the fact that they all somehow find a good market. The *Manual of Minor Surgery*, which was published during the Civil War by Stephen Smith, was extensively used. The large *System*, by Ashhurst, who for a number of years was engaged with others in its publication, commanded a large market. Bryant's and Wyeth's handbooks have gained a great reputation. The new, comprehensive work by Roswell Park is decidedly up to date, and Arpad Gerster's "Aseptic Surgery" has achieved a phenomenal and well-merited success in its many editions. Just now J. Collins Warren has finished an "International Handbook of Surgery," in two volumes; Keen and White have issued a second edition of their comprehensive work; Charles Truax has published "The Mechanical Aspect of Surgery," and Levi Cooper Lane has issued his "Surgery of the Head and Neck" in a new edition.

Orthopedic surgery is perhaps more than any other branch indebted to American initiative. To be as accurate and as correct as possible, I have, in presenting what follows, made use of the helpful assistance of my well-informed but, unfortunately, since departed friend, S. Ketch, who for many years was director of the polyclinic of the Orthopedic Hospital and has gained merit by his early recognition of scoliosis in children and by his thor-

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ough knowledge of rachitis and clubfoot. As far back as forty or fifty years ago Henry G. Davis (*vide supra*) of New York made use of traction and the elastic support at the perineum in his first apparatus for the treatment of hip-joint disease. The apparatuses for the treatment of spondylitis were distinguished by the fact that the weight of the body was thrown on to the slanting processes and that the vertebral column was thus held in hyperextension. All his separate works were later brought together in his "Conservative Surgery." C. Fayette Taylor's apparatuses for spondylitis had an anterior and a posterior point of support. The support of the perineum in affections of the hip joint was made inelastic and the same principle was applied to other joints. This enabled him to keep his patients in the open air. For clubfoot and the contractures of poliomyelitis he invented suitable contrivances with levers to facilitate locomotion and exercise of the muscles. His many labors in the field of mechanics were very fruitful. He accomplished less in the provinces of etiology and pathology. Thus, for instance, he fell into the error of declaring poliomyelitis a preëminently American disease, especially prevalent among the wealthy classes, and presumably the result of the nervous, restless temperament. He has gained lasting recognition in the founding of the Orthopedic Hospital with its polyclinic, an institution which has since risen to a place of considerable influence and rank. A man of great erudition in pathology was Louis Bauer, who wrote the first systematic work on orthopedic surgery in our country. L. A. Sayre was the first to introduce a course of instruction in orthopedics in one of our medical schools. He was always active, extended the knowledge and application of the plaster of Paris jacket to cases of kyphosis and scoliosis (first introduced by Joseph Bryan in Kentucky), wrote on orthopedic surgery, clubfoot, diseases of the vertebral column, etc., and offered a method for the resection of the head of the femur. J. Knight's merit consisted primarily in that he succeeded in winning over laymen to the founding of a "Hospital for Ruptured and Crippled," which, under Gibney, has enjoyed a high degree of prosperity and a large

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popularity. A. D. Judson has done valuable work in the etiology and the mechanism of scoliosis and in the statistics of the etiology of various deformities. Newton M. Shaffer has achieved high merit in the matter of mechanics and apparatus. He wrote on the etiology and pathology of chronic joint diseases, on traction in the treatment of clubfoot, on non-deforming clubfoot, hysterical joint affections, and many other subjects. Of V. P. Gibney's literary works I shall mention only his chief labor on hip-joint diseases. A. M. Phelps is one of our most active orthopedists. His open operation for clubfoot, modified after Post, assured for him an international reputation, and his public writings, abounding in originality and force, have made him very popular. Of the younger men I shall mention Royal Whitman, T. Halstead Myers, H. L. Taylor, B. K. Townsend, R. H. Sayre, and Teschner.

In Boston, Buchminster Brown was the first to come forward in favor of orthopedic surgery as a specialty. One of the first cases of double congenital dislocation of the hip to be successfully treated occurred there. E. K. Bradford, founder and director of the orthopedic department of the Children's Hospital, wrote, among many other things, in collaboration with R. W. Lovett (author of "Diseases of the Hip Joint"), the most complete American book on "Orthopedic Surgery." Among the younger men Brackett, Goldthwaite, Dana, Thorndike, and Scudder have acquired honorable reputations.

In Philadelphia, Benjamin Lee has done much for the "treatment of scoliosis by exercise," and A. S. Roberts founded the first school of orthopedics in the University of Pennsylvania. There deserve also to be mentioned here De Forest Willard, Wilson, W. J. Taylor, and J. K. Young ("Orthopedic Surgery").

In Chicago, Ridlon, Blanchard, and Andrews are doing active work, partly as teachers, partly as practitioners with new apparatus. Coolidge is much regarded for his painstaking work. In Baltimore, K. Tunstal Taylor erected a hospital for crippled and deformed children. In Buffalo orthopedic surgery is honorably represented by L. A. Weigel. In San Francisco, H. M. Sherman wrote

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on tubercular disease of the joints and on congenital dislocations. In St. Paul, A. J. Gillette has won merit through the introduction of state care of poor crippled children. In St. Louis this specialty has its representative in A. J. Steele and P. Hoffman. Many of the works of all these gentlemen may be found in the eleven yearly volumes of the Transactions of the American Orthopedic Association.

My friend Dr. Hermann G. Klotz very readily granted my request for information regarding the position of dermatology in America and the more important contributions of American physicians to the domain of the diseases of the skin and syphilis. The picture of his specialty which Dr. Klotz draws, as it is represented in our country, is so instructive that it seemed to me desirable in the interests of those engaged in the same line of practice to offer it to you in his own words:

"The domain of dermatology and syphilology has for the last ten or fifteen years been in a state of unrest and fermentation, and therefore has in general nothing or very little of importance to show in the way of serious achievements. The persistent lack of proof of the existence of a definite parasite of syphilis continues to retain this branch at the level of hypothesis and mere empiricism. As regards the field of dermatology proper, the most important subject for investigation is the further extension of our knowledge of the histological changes in the skin and the part which the vegetable parasites play therein. A number of questions of a nature more or less general have engaged the interests of various dermatological congresses, without, however, leading to any definite results. American dermatologists have made important contributions to all these provinces. A large part of them is contained in the transactions of the American Dermatological Association, the oldest organization of its kind. Most of the works are published in the *Journal of Cutaneous and Genito-Urinary Diseases*. A large number of publications of individual observations of rare diseases and a number of miscellaneous essays, more in the form of clinical lectures, cannot be further considered here.

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The same applies to the rich clinical material of the local societies, like the New York Dermatological Society.

"The number of text-books and hand-books, some of them excellent, some, to say the least, very useful, is by no means insignificant. Those by Hyde, Hardaway, Robinson, Jackson, Shoemaker, and others deserve to be mentioned, but foremost of all is the still unfinished *chef d'oeuvre* of Duhring, 'Cutaneous Medicine.' The exhaustive works of Morrow, Hardaway-Bangs, and the treatment of the subject of skin diseases in the 'Twentieth Century Practice,' offer proof that a large number of physicians are able to treat dermatological subjects scientifically. Morrow's and Taylor's atlases, and more especially the photographic plates of Tiffard and Fox, are at least equal in merit to similar publications elsewhere. Especial mention is due the excellent microphotographs presented by Fordyce. In the domain of syphilis Taylor's 'Venereal Diseases,' White and Martin, Hyde, and Bulkley's compilation on 'Syphilis Insontium' are to be noted.

"Finally, the works of Hyde (1889) and of Taylor (1890) on syphilitic and other chronic affections of the vulva are worthy of mention, not only on account of their own importance, but also because an acquaintance with them would save some of the latest writers in German periodicals the trouble of rediscovering the same conditions."

## VI

### SAMUEL BARD

Obstetrics and gynecology had their first renowned representative in New York in Samuel Bard, author of that classical work on diphtheria which appeared fifty years before Bretonneau. Other older names which are also well known to you are those of Hodge (1796-1874, pessaries) and Charles D. Meigs in Philadelphia, the discoverer of thrombosis as the cause of death in confinement; also Henning Bedford, in New York, who, so far as I know, was the first to attempt, in an instructive though

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at times amusing manner, to introduce clinical instruction as early as fifty years ago. In Chicago, Byford practiced successfully as obstetrician; in Baltimore, Nathan Smith, well known as a surgeon and one of the first ovariologists (1821). The predecessor of these two was Atlee, in Pennsylvania. Peaslee's works on ovariology, founded as they were equally on a varied practice and great erudition, contributed only in part to his fame. His text-book of histology was for its time at the height of the science, and was but one of the many proofs that quite a number of our older medical men who had gained renown in some specialty were thoroughly educated physicians, and not infrequently possessed in addition a good classical education. J. Marion Sims (1813-1883) did not belong to this class. He was a self-taught man, highly gifted, inventive, and self-conscious withal. His uterine speculum dates from the year 1852. His early operations on vesicovaginal fistulas were performed on colored women in his country practice in the South. His fame quickly spread to New York, and thence all over the earth's sphere. The foundation of the New York Hospital for Women (1855) was exclusively his own work. Without a fundamental knowledge of pathology, he still grasped the right thing by intuition. I remember full well how, forty years ago, at a time when the very term sepsis was hardly known, he explained to me the obscure cases of death following his operations, and it was to guard against this that he then introduced drainage through Douglas' cul de sac. His pupil and for many years his assistant, Thomas Emmet, is still active in New York. His theory regarding the all-pervading harmful influence of laceration of the neck of the uterus is unfortunately exaggerated and has contributed a great deal towards the multiplication of unnecessary operations, but his gift of observation and the introduction of some new methods of operation procured for him well-deserved consideration and rank.

With the exception of the influence which antisepsis and asepsis have exerted on it, midwifery has developed much less in the last ten years throughout the world than many other branches of medicine. The wide dissemination of

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medical journals, great and small, good and indifferent (rarely altogether bad), and the growing importance of post-graduate schools where the country practitioners come to take their vacation courses, the knowledge of the principles of prophylaxis and the management of labor, has penetrated even to the backwoods. Fordyce Backer, Lusk, Hirst, and Williams were particularly the ones who have done notable service in regard to the establishment of a correct view in regard to puerperal fever, after Oliver Wendell Holmes had, nearly sixty years previously, taught the contagious nature of that disease. They met with better luck and less opposition than poor Semmelweis, who was driven to the madhouse, and to whom they recently erected a monument of stone and bronze as hard as the veins and hearts of his persecutors. Nor did Holmes meet with ready success. On page 400 of E. P. Evans's book (*vide supra*)—whom, by the way, it would be interesting to read after first reading page 155 of Ughetti's work on the occasional attitude of one physician to another, entitled "Between Doctors and Patients" (German translation by Galli)—one may read the following: "In a treatise entitled 'Contagiousness of Puerperal Fever,' published as far back as 1843, Holmes first pointed out the communicable nature of this disease. For this opinion he was attacked in the most furious manner by his American colleagues, and more especially by Hodge and Meigs, two professors at the medical college of Philadelphia, by whom he was loaded with the coarsest insults. He did not allow himself, however, to be carried away to the point of paying back those blustering opponents in the same coin, but stood his defense with composure and dignity, as always behooves, though unfortunately is not always the case, in the discussion of scientific questions. At the bedside of the mother lying under her cover with the little newborn baby at her breast he had no desire to pick quarrels with anybody. He demanded a hearing, not from a sense of vanity or from personal motives, but for the sake of the great many women whose lives were at stake until such time as there should arise a stronger voice which would plead their cause."

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As a matter of fact, puerperal fever is decreasing throughout the country, with the possible exception of the congested and neglected quarters occupied by the poor. Good hospitals like the Sloane Maternity Hospital in New York, founded by McLane, yield a mortality of  $\frac{1}{2}\%$  or less, and at times none at all, for a number of years in succession. The value of antistreptococcus serum in its present form and stage of development is still as doubtful here as it is in your own country.

We are indebted for good anatomical studies to Dickinson (frozen sections, studies of the pelvic floor) and F. Foster (also of the pelvis). These works are included in the collections of the American Gynecological Association. In the same transactions are to be found Arthur Johnstone's studies of mēnstruation and ovulation. In the transactions of the Johns Hopkins Hospital are contained Clark's studies of the corpus luteum. An excellent monograph on the changes taking place in the ovum, with beautiful microphotographs, is the one by Edmund B. Wilson.

Pelvic measurements have been made in large numbers in Boston, Baltimore (Johns Hopkins), and in New York (Broome Street Hospital and Sloane Maternity Hospital). It is out of place to enumerate here specifically the journals in which these appear, for besides the special journals, such as the *Journal of Obstetrics and of the Diseases of Women and Children*, which has been published since 1868, each one of the larger periodicals can exhibit articles of this kind.

The bacteriology of the vagina of pregnant women has been successfully studied by Williams (Johns Hopkins). I have often seen his name mentioned in the European journals.

Operative obstetrics has been advanced in many directions. Accouchement forcé by Marx, Edgar, Grandin, Dührssen, and others; symphysiotomy by Ayers, Garrigues and others (it seems to me that this operation is thought more highly of here than in your country), and Cesarian section by Harris (Philadelphia). The latter procedure has been carried out with marked success, especially in those cases where the choice lies between it and crani-

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otomy, which is in great vogue in England. Instead of the latter, Davis, Coe,<sup>10</sup> and others recommend hysterectomy in certain cases. This operation has also been carried out with happy results in puerperal sepsis.

Naturally there is also no lack of text-books. "Still they come," is the cry all over the world. Luckily there are among them many real good ones. Lusk lived to see many editions of his book, which also has appeared in many languages. Shortly before his death, which unfortunately took place two years ago, he spoke to me of a Japanese translation. Reynolds', Davis', and Hirst's books are all up to date, have a wide circle of readers, and have contributed much towards the dissemination of the science and art of obstetrics in all medical circles. You will understand what this means if you will recollect that our sovereignty extends over more than five hundred geographical miles by legitimate survey, not mentioning that disgraceful freak, the Philippines.

The "System of Obstetrics," published not long ago by Mann, of Buffalo, and others, is an enterprise planned on a large scale. Naturally the articles are not all of equal value, but most of them are of great importance, and some are considered classical.

A great handicap in the practice of obstetrics, one which mainly concerns the masses of the population, is the want of well-schooled and moderately intelligent midwives. The large number of physicians with whom the many schools of our wide country provide the population has taken up arms against the competition of women presumably trained for one express purpose. However, it did not occur to the women physicians, who, during the last ten years, have, by their ever-increasing numbers, made the practice of their male colleagues more and more uncertain, to limit themselves to the practice of obstetrics. Consequently the material well-being of the army of physicians in their struggle for existence depends in large part upon obstetrical practice. This is true even in those

<sup>10</sup> I am obliged to Professor Coe for many contributions relating to American obstetrics and Gynecology.

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places where the income from this source among the poorer population is insignificant.

Thus it has come to pass that the opposition to the establishment of schools for midwives has been and still is universal. When, twenty years ago, the subject came up for discussion in the County Society of New York, the proposition of establishing legalized schools was lost, of course by the "respectfully submitted" majority of one hundred to one. A few years ago the question was again broached. A very earnest man, well known in the literature of his specialty, brought forward as an axiom the proposition that the average midwife was not able to comprehend the complications of a natural labor and to grasp the principles of antisepsis and asepsis; that the midwives are incorrigible quacks who never admit their ignorance, and that "it is necessary to pursue a war of extermination against that pestilential remnant, the pre-antiseptic midwife and schools for midwives." This settled the question once more, and the difference between the actual condition of things just described and the desirable but yet-to-be-created legally supervised schools and their scholars was entirely overlooked.

There is no need for my telling *you* about the necessity for an institution of midwives. An experience of one hundred and fifty years speaks for itself, and even in Great Britain the question is beginning to be discussed seriously. We, however, are in this respect still behind the times. If you will only consider that apart from remote country districts we have at least a dozen cities of one-half to two million population, a large part of which consists of poor, sometimes of very poor, people, among whom puerperal fever mostly prevails, you will understand that the existence of trained and responsible midwives would be a great blessing to the country. Moreover, you must not allow yourselves to be beguiled by our statistics, from which it would appear that puerperal fever was dying out from among the general population. At various times I had occasion to observe the disease in a number of cases where it could be traced to one and the same officiating woman (unschooled, uncleanly, and irresponsible). That

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the figures of mortality from puerperal fever are so small, however, is explained best of all by the fact that the health departments of the large cities are in the habit of investigating this cause of death, while "pneumonia," "pleurisy," "peritonitis," "nephritis," "endocarditis," when they appear on the death certificates, pass unchallenged.

How necessary the specialized midwife is for the poor population of our large cities becomes clearly manifest from many facts which I have brought to the notice of the profession on different occasions. Among the richer classes the physician, as was at least formerly the case in your country, does not require a midwife, either as a help to himself or for the comfort of the patient. One of the hundreds of well-schooled nurses who are always at hand, offers all that is necessary in this respect. But among the poor population the physician must, of necessity, also be nurse as far as it is possible for him, without, however, being in a position to do as much as could be expected of a midwife who visits her patients once or twice every day. I am sure that during the ten years beginning with 1853 I have myself bathed one thousand newborn babies, not mentioning all other sorts of manual assistance. But shall I add all the other things that I simultaneously perpetrated? At the same time I daily treated contagious diseases, typhoid, measles, scarlet fever, diphtheria, performed tracheotomies, and all this without changing my clothes, without disinfection, in rotation with confinements:

"Children's doctor and physician,  
Surgeon, also electrician."

It is very evident that I "managed worse than a pest-house," and it is also very certain that every busy medical practitioner who also undertakes confinements is a source of danger to the community. Physicians, now that they have a better understanding of the danger emanating from themselves, ought to be glad to be relieved of that gruesome responsibility by raising their voice in favor of establishing schools for midwives under strict supervision.

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In this way something would be done for the poor which in a measure would be similar to the advantages offered nowadays in other respects by the improved conditions in the large cities. Here we have a number of practitioners who follow obstetrics as a specialty to the exclusion of everything else. These are patronized by the women who wish to secure for the time of their need the services of a presumably skillful but above all safe accoucheur.

It seems to me that American gynecology has aroused in Europe, at least, as much notice as any other of our achievements. This is natural enough, for among the early names of all nations those of McDowell, the first ovariectomist, of Atlee, Peaslee, and of the erratic but resourceful and successful Marion Smith, were well known. Whatever else was at that time brought into the dazzling light has gradually faded from the field of vision and what was left was solid and enduring. In a general way the scientific endeavors of all nations closely correspond to each other, and science and art cease more and more to be national or even local. Before it disappears entirely, chauvinism may be allowed the privilege of making itself ridiculous on other arenas. Thus then has American gynecology developed parallel with that of Europe, especially operative gynecology since the adoption of improved aseptic technic, the principles whereof are here gladly ascribed to the labors of Schimmelbusch. "It is the peculiarity of the American surgeon," writes to me a friendly distinguished surgeon, "to turn to practical use the mere hints of foreign observers and to further build on them and also to develop and improve upon them by original ideas and devices. He is eager to try new methods, he is open to the temptation of accepting fads, but in the end he comes back to conservative views. In this way the history of abdominal surgery in this country is working out its destiny from the time when fifteen years ago it received its impulse from Tait. The same is the case with vaginal hysterectomy under the influence of the French school."

A work of great importance was T. Gaillard Thomas's (New York) "Systematic Handbook of the Diseases of

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Women." What it lacked in its first edition with regard to pathological anatomy was corrected in the later issues. Thus for a period of twenty years this book was a universally esteemed source of instruction. Through a period of many years, on account of the frequent absence of Sims, the author was the alert, successful and much-sought operator. I think there is reason to believe that the new, scientific, and reliable book of Garrigues' (New York), which has thus far appeared in two editions, will replace that older work.

Inventiveness and acuity have not come to an end with Sims. For several years past there have been contributed earnest observations and painstaking work. The clinical and pathological work done by Kelly and his assistants in the Johns Hopkins University is rightfully considered as a model. His researches on the ureter and his ureteral diagnosis will compare favorably, to say the least, with what has been done in any other place.

The transactions of the American Gynecological Society have for many years contained what was of the highest worth in all that has been done in this country in the field under consideration, and on that account they are earnestly recommended to the attention of the special investigator. In 1889 John Bryne published his favorable experiences with the treatment of cancer of the cervix uteri by galvano-cautery, and he returned to the same subject in 1896. In a book which was just published this year ("Electrohemostasis and Operative Surgery") Alexander J. C. Skene (unfortunately died in June, 1900), author of the book on the female bladder, comes out with his own rich experiences of the favorable influences of galvano-cautery in the same sense as his friend and predecessor, Bryne. As far back as twenty to forty years ago, at a time when Stoehrer's large and unwieldy apparatus was the only other available expedient, I did a variety of work with the instruments invented by the latter.

In the same year, 1889, Cleveland brought out his ingenious modification of Alexander's operation. In 1890 Arthur Johnstone brought out his excellent researches in

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extra-uterine pregnancy, a theme which was also elaborated by Boldt, Mann, and others.

At all events, the literature of extra-uterine pregnancy has grown considerably in the last years. Williams and Kelly have devoted a great deal of attention to its pathology, the operative methods have been enriched in number, the vaginal operation has been perfected by Kelly. In general the science of diagnosis has gained rapidly; much operative work is being done and with marked success.

In the same year, 1889, there was also demonstrated the negative rôle which the galvanic current plays when applied to the interior of the uterus, in the treatment of fibroids.

In 1891 Reeves, Jackson, and Klerny came out against the unnecessarily frequent removal of the ovaries. Florian Krug introduced the Trendelenburg position, and new methods of drainage were advocated.

In 1892 Polk, Goffe, and others proposed new methods for hysterectomy. Gynecological operations on the insane were first performed in this year.

In 1893 Polk's work on the conservative surgery of the ovaries and tubes made its appearance. Vaginal drainage for pyosalpinx was also introduced. Dickinson wrote on dress reform.

In 1894 was introduced hysterectomy in connection with removal of the adnexa by Florian Krug, who was able to repeat his favorable results of 1890. E. C. Dudley advocated myomectomy for subserous fibroids as against complete extirpation.

In 1895 catgut began to be used in preference to silk.

In 1896 Davis and Roe introduced complete extirpation of the uterus after Cesarian section in certain cases. Kelly advocated vaginal incision and drainage in all cases of extra-uterine pregnancy. Kelly, Mann, Reynolds, wrote on inflammation of the ureters.

In 1897 Paul Mundé worked on the relation of appendicitis to the diseases of the adnexa. Intra-abdominal shortening of the round ligaments was introduced by Mann, Wylie, Polk, Dudley, and others. This procedure seems to be universally practiced.

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In 1898 Pryor perfected the methods of vaginal section. Coe worked on the improvement of conservative methods.

Side by side, however, with the gain in the conservative direction, operations have not suffered with regard to skill and daring. Beginning with Battey, the originator of "normal ovariectomy," which gave a start to so many excesses, down to Price and Wylie and many, many others of local or general fame, womanhood suffered no lack of skillful servitors. And yet it is asserted by those best qualified that the main original work of the Americans during the last ten years consists in the perfection of aseptic technic and minor plastic operations. Here belong operations on the perineum, Dudley's operation for antelexion and on the ureters, and the perfection of various details (sutures, dressings, and post-operative treatment) in abdominal operations. The surgical treatment of retroversion, of the diseases of the tubes and ovaries, myomectomy and hysterectomy, as well as the treatment of extra-uterine pregnancy have been enriched by new methods. In my own opinion, which is that of an almost entirely disinterested onlooker, the chief progress, aside from the more brilliant achievements in the eyes of the general public in individual cases, consists in the fact that even among gynecologists, the idea is becoming more and more general that there exists a relationship between the organism as a whole and the pelvis, and in the further fact that the *furor operandi* has considerably abated. I remember how, twenty-four years ago, during a session of the Obstetrical Society, I brought down upon myself the indignation of the members, when at the sight of a dishful of ovaries I declared that after all the best place for an ovary was the pelvis of the living woman. With certain restrictions this view has now been adopted also by the gynecologists, the majority of whom are luckily also physicians.

## VII

For the history of ophthalmology in the last ten years I have availed myself of the special knowledge of the subject of my friend, Dr. Julius Wolff, the eye specialist.

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According to him the American achievements during this period consist for the most part in reports of cases and clinical studies. In the pathology of the eye Ward A. Holden has done good work. Besides many microscopic investigations he has published researches on the pathology of experimental blindness produced by quinine and on blindness following large hemorrhages, and the injection of methyl alcohol. During the last years his contributions to the pathology of the eye have mainly dealt with the eye lesions in "amaurotic family idiocy." A. Alt has also given us valuable pathological investigations. Lucien Howe has written on the pathology of chronic membranous conjunctivitis. He is the same man who carried off the prize of the State Medical Society by his work "On the Measurements of the Intraocular Fundus and the Size of the Angle of Measurement."

In the bacteriology of the eye the names of Dr. John E. Weeks and Dr. Harold Gifford are well known, the first through the familiar bacillus bearing his name, that of the latter on account of his researches on the pneumococcus in relation to the disease of the eye.

We are indebted to Carl Weiland for valuable contributions to the optics and the physiology of the eye (*The Mechanism of the Movements of the Eye, Binocular Vision*), also to John Green (*Eye Glasses*), Henry D. Noyes, Edward Jackson, and Ward A. Holden (*Decentration of the Lenses, its Therapeutic Importance, and Tables of Prismatic Effects*). Swan Burnett has published his results of the measurements of a large number of astigmatic eyes and G. Hay has done careful work in physiological optics.

Eyestrain and "heterophoria" are matters which have been the subject of zealous, at times, in our private opinion, of too zealous study. George P. Stevens, Ambrose L. Ranney, Swan Burnett, Alexander Duane, who not long ago wrote an excellent book on anomalies of the muscles, the late lamented Henry D. Noyes, Charles A. Oliver, P. D. Risley, Charles S. Bull, and last but not least, George M. Gould, have given their attention to this subject. This eyestrain which has a direct injurious effect on the muscles

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has been looked upon by many as the exclusive cause of a large number of nervous disorders among which, besides headache, chorea and epilepsy, play a most important rôle. Among these men there are some who possess the gift of observation, mature experience, and absolute honesty, who cannot be accused of the inevitable exaggerations of the notoriety seeker and of those suffering from an unquenchable thirst for operating. Luckily the original excessive zeal has cooled down considerably.

The number of interesting and valuable clinical observations and therapeutic results is very great. As illustrations may be mentioned H. Knapp's "Angioid Streaks" of the retina, Charles S. Bull's contributions to tumors of the orbit, his remarks on the results of operation for squint and his researches on the effect of iridectomy in a large number of cases of glaucoma. O. F. Wadsworth was one of the first to declare torticollis to be dependent on a faulty position of the eyes. G. C. Harlow published contributions on the reaction of the pupil in blind eyes, and Carl Koller was one of the first to describe cases of amaurotic family idiocy (B. Sachs). Charles A. Oliver introduced a reliable method for the detection of foreign bodies by means of the Röntgen rays. Many noteworthy observations have come from P. D. Risley, Emil Gruening, G. E. de Schweinitz, John A. Weeks, A. Schapring, Swan Burnett, Casey A. Wood, Adolf Alt, Edward Jackson, S. Theobald, Henry D. Noyes, W. F. Norris, W. Thompson, L. R. Randolph, B. A. Randall, and many others.

As regards appliances and operative methods, H. Knapp's "roller forceps" and his discision needle, as well as John A. Weeks' curved needle, Edward Jackson's binocular hand-magnifying glass, and Carl Koller's directions for reading with amblyopic eyes are held in high esteem. F. C. Hotz has become known through his operations on the eyelids. J. W. Bullard has introduced a very practical method of operation for keratoconus, and Emil Gruening performed curettage for pannus. Both Charles S. Bull and H. Knapp have advanced the operation of extraction of cataract without iridectomy and have perfected the technic of the operation.

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H. Knapp's "Archives of Ophthalmology" are published in Germany by Schweigger. Specialists know best what this publication, originating as it does from authorities of the highest standing, has done for ophthalmology. There is also no lack of good text-books like those by Henry D. Noyes, W. F. Norris, C. A. Oliver, G. E. de Schweinitz, and the "American Text-Book of Ophthalmology." A short (four hundred 12mo pages), handy, clear, compend is the one by Charles H. May (1900), which has enjoyed favorable notice on the part of critics here, as well as in Great Britain and Germany.

In the medical schools ophthalmology is one of the special "clinical" subjects. In the great medical schools, attendance at the clinical demonstrations and exercises, as well as a final examination, have been obligatory for a number of years. Nor is there nowadays a large city in the union where there do not exist hospitals or clinics for the diseases of the eyes. As a rule these are intended also for ear diseases and in most cases have been called into existence by private philanthropy. Some of them are many dozen years old. In New York there are the Eye and Ear Infirmary, the Manhattan Eye and Ear Hospital, and the Ophthalmic and Aural Institute of the famous and devoted H. Knapp. All three are institutions of the highest rank. The Wills Eye Hospital in Philadelphia and the Eye and Ear Infirmary at Boston render similar service.

### OTOLOGY<sup>11</sup>

The progress of otology dates from the organization of the American Otological Society in 1868, an event which served to arouse the interest of American physicians in this subject. The transactions of this society were published in the form of year-books, and, with the exception of monographs and text-books, everything that has appeared on the subject of diseases of the ear is contained in these transactions and also in the "Archives of Otology," as well as in other journals of a general character. As is

<sup>11</sup> For exact data on this subject I am indebted to Dr. Edward Fridenberg.

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the case everywhere else, the age of antisepsis and asepsis has also advanced the surgery of the ear and has enhanced the interest in this field. Anatomical and physiological studies have also not been neglected. C. G. Blake (Boston) wrote on the effect of the use of the telephone on the hearing power, on operations on the middle ear (1892-1893), and on vertigo of aural origin (1897), J. Orne Green (Boston) wrote considerably on the pathological anatomy of the diseases of the ear, B. Alexander Randall (Philadelphia) published photographic illustrations of the anatomy of the human ear (1887) and researches on the topographic relations of the temporal bone. A large number of publications are devoted to the internal ear, the mastoid process, sinus thrombosis, and operations (S. E. Allen of Cincinnati, Blake, Gorham Bacon, A. H. Buck, E. B. Dench, E. Fridenberg, Berkan and E. Gruening, H. Knapp of New York, H. Ferrer of San Francisco, Charles J. Kipp of Newark, and several others). Naturally, I am not able to mention in this short sketch many more good names.

There is also no lack of good monographs and textbooks. S. E. Allen wrote on the mastoid operation in 1892. C. H. Burnett (Philadelphia) wrote on the ear, its anatomy, etc., in 1877, on the diseases of the ear and nose, in 1893. A. H. Buck wrote on the diseases of the ear. His book had many editions, the last appearing in 1898. E. B. Dench wrote on the diseases of the ear, in 1895. O. D. Pomeroy wrote on the diagnosis and treatment of the diseases of the ear (New York, 1883 and 1886). L. Turnbull published a clinical text-book of the diseases of the ear in 1887. A. H. Tuttle wrote on the anatomy and surgery of the diseases of the ear (Detroit, 1892). The seventh edition of Dr. S. B. St. John Roosa's book on the diseases of the ear is known also in Germany (Hirschwald), and judging by the criticisms which I have read at different times in the German journals has been favorably received. This work and his text-book on the diseases of the eyes and another on faulty vision contain the best efforts of a long lifetime based on a rich and varied experience.

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### VIII

#### NOSE, PHARYNX, LARYNX, AND ACCESSORIES

"Who shall count the tribes or tell the names" of all the valuable researches and works which have this limited (?) field for their aim. My specialist friend, Emil Mayer, in a carefully prepared list gives me hundreds of names of men and titles of works, all of which deserve mention. And yet it would be impossible to do them justice in anything but a detailed special history. I shall not attempt to enumerate everything that was done in this country in regard to the subject of diphtheria. In one of my previous letters I had occasion to touch on that topic to some extent.

As far as I know W. H. Bates was the first in this country who tried to put to practical use the independent researches of Oliver and Schaefer, Szymonowicz and Czybulsky on adrenal extract. These investigators found that its use caused a considerable increase of blood pressure. The increase was brought about partly through a direct irritation of the heart (also found by Gottlieb), partly through a constriction of the peripheral blood vessels. These investigations began in 1895. Since 1896, Bates has called attention in various works to the local effect of adrenal extract in inflammatory diseases of the eye, particularly of the conjunctiva. Joseph A. Mullen of Texas was the first to use the same remedy in his work on the nose (1898). He was followed by H. L. Swain and H. L. Wagner. The internal use of this remedy in acute coryza and hay fever has been recommended by no less an authority than J. Solis-Cohen of Philadelphia. Operations on the nose are said to be made bloodless by the use of this remedy. Emil Mayer and others believe, however, to have made the observation that secondary hemorrhage is more frequent in such cases than otherwise.

Ten years ago M. J. Asch (New York) introduced a new method for correcting the deviated septum. T. C. Evans, J. H. Hopkins, H. H. Butts, E. Mayer (two hundred operations), and Max Thorner have since adopted and highly recommended this method.

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Galvanocautery has lost considerable of its former popularity in the diseases of the nose. In former years I have personally seen so many unpleasant hemorrhages and undesirable chipping of bone that the unfavorable verdict of many of the specialists has only served to confirm my own experience.

The diagnosis of the diseases of the nose and throat has been especially elaborated by H. L. Wagner, E. L. Shurly, and R. C. Myles. The bacteriologic problems by W. H. Park and J. Wright. The anatomy and surgery of the bones, especially of the sinus and antrum, by J. N. Mackenzie, W. T. Howard, J. M. Ingersoll, L. C. Kline (one hundred and fifty cases), Prince Brown, F. C. Cobb, H. L. Swain, J. H. Bryan, F. H. Bosworth, J. N. Mackenzie, and J. O'Roe. The contributions of I. Schadle and M. H. Cryer are characterized by their excellent illustrations. The casuistry of benign and malignant tumors has been generously contributed to by J. Wright, J. N. Gleitsmann, F. H. Hopkins, G. A. Leland, J. Solis-Cohen (sarcoma). Glanders has been described by Emma E. Müsson; erysipelas of the pharynx by W. Porter; tuberculosis by J. W. Farlow, J. Wright, A. W. De Roaldes, W. Fraudenthal; rheumatism of the nasal mucous membrane also by the latter; congenital bony occlusion by C. H. Knight; retropharyngeal abscess by F. Huber, H. Koplik, and E. Mayer, etc., etc.

The larynx has its own rich literature. Thomas R. French photographed the changes which take place during singing. J. Solis-Cohen described a case of pharyngeal voice,—phonation without larynx and without the use of the lungs. Intubation for acute and chronic stenosis<sup>12</sup> was the subject of writings by G. M. Lefferts, C. H. Knight, W. K. Simpson, D. B. Delavan, W. Casselbery. Primary lupus of the larynx was described by Emil Mayer. "Chorea" of the same by Lefferts, Knight, E. Holden, and W. P. Porcher. Vertigo of laryngeal origin was described by I. Adler; erysipelas by D. B. Delavan and by

<sup>12</sup> Cf. also E. Tschudy, in the last number of the "Archives of Clinical Surgery."

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Porter. Disorders of the voice have been carefully studied by G. H. Makuen and Delavan; tuberculosis by Solis-Cohen, W. F. Chappell, Knight, Gleitsmann, S. W. Longmaid and French. Tumors have been described by Gleitsmann, C. P. Grayson, H. S. Bickett, A. A. Bliss, J. L. Goodale (Postoperative degeneration of a papilloma into carcinoma), N. H. Pierce (transformation of benign into malignant tumors).

### HISTORY OF MEDICINE

The history of medicine is cultivated but little in this country. We have no men like Littré, Haeser, Baas, Pagel. The taste for historical studies is being but slowly formed. I know of no medical school in the country which has a special chair on this subject, and only from time to time one hears of a short course of lectures on the history of medicine. There are many works of a casual nature, the large mass of which will only serve to furnish material for the future historian. To this class belong biographical sketches which, however, are only exceptionally of real value. Here also belong those old books (1821-1822) on Samuel Bard, by Samuel L. Mitchell and by John McVickar. Histories of certain institutions are not infrequently written. Thus for instance we have the History of the New York Library and Journal Association by John C. Peters, 1874; the History of the Medical Department of Harvard University, written on the occasion of the one hundredth anniversary of its existence (1884); the History of the New York Hospital (by Dr. J. W. Beekman, 1871); the History of the One Hundred Years' Existence of the Medical Society of Massachusetts by S. A. Green (1881); the History of the College of Physicians and Surgeons in New York; the History of Bellevue Hospital,<sup>13</sup> etc. A good early study is that by John Watson on the medical profession in ancient times (1856). The impression which this work of the learned man produced

<sup>13</sup> A rather early work is a volume by Josiah Barlett (1810), "On the Progress of Medicine in the Commonwealth of Massachusetts."

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on his associates is one of the reverent memories of my early days. H. E. Handerson wrote on the school of Salernum (1883). A brilliant special study is that by S. Weir Mitchell (22 p. of ms.), which the famous neurologist and poet (1892) on the earliest history of instruments of precision in medicine. The history of medicine in New Jersey by Wilkes is a good and comprehensive work. Earlier still (1861) there is a beautiful collection of "Biographies of Notable American Physicians and Surgeons," by Samuel D. Gross, and a "History of American Literature from 1776 to the Present Time," by the same author (1876). In the same year (that of the Philadelphia World's Fair) there appeared a brief, but good history of American medicine by J. S. Billings, E. C. Clarke, and others. There are no general works of any considerable size, except perhaps a collection of short biographies by Atkinson. A good book which appeared not long ago is from the pen of Roswell Park, a well-known surgeon of Buffalo. It makes no claims either to originality or completeness, but will realize the author's hopes of further developing the taste for historical knowledge. A nation must not be content with making history, in order to make it consciously and intelligently, the past must be known and understood. A philosophical and moral understanding of the present can be acquired only through knowledge of the history of evolution, both as regards individuals and nations. A nation which does its work rapidly, and at the same time—perhaps just because of it—lives lightly,—unfortunately never looks backwards or only takes notice of the past contemptuously. If we, as a nation, were willing to take into consideration not only what we have become but how we have become what we are, then we would not desecrate our phenomenal growth by a conquest which is bound to disturb the future, and by the policy of spoils. The motto should be "Know yourself, study the past, and work for the future." A book which appeared this year raises the hope that in this direction also nobler work is going to be done for our science and for our profession. I have in mind the "History of Medicine in the United States, up to the year

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1800," by Francis Randolph Packard, a book which was written with taste and care and contains material of intrinsic worth. *Vivat sequens.*

To the Editor:

The American letters which you have been publishing for almost two years had for their explicit aim the desire to bring nearer to your readers the understanding of our medical conditions. My contributions could be but fragmentary. They were intended to teach without tiring by their unnecessary length, and were supposed to call the attention of your public to the fact that there is honest work done in this country and that we stand shoulder to shoulder with all Europe, that in the future it will therefore be reasonable to look to this country not for new operative methods and ingenious instruments only, but for real scientific work. Our long dependence on Europe, which certainly was a fact, has nevertheless been of inestimable advantage to us. It has saved us from assuming in medicine the chauvinistic point of view. We, at least, have never had an "American Medicine," in the sense in which they speak of German or French medicine. Just as all sorts of nationalities have come together in this country, each to do its particular share of supplementary work in what makes America what it is or what it is yet to become, so have the various "medicines" found here their common level, based on the same principles, the same methods of procedure, and the same ideals. Never again will there be a national medicine, but only medicine (founded on methods of biological research, on experience, and experiment). This identity of methods and tendencies, these "endeavors towards unity in medicine" offer us the best augury for the present and future endeavors towards unity throughout all the activities of humanity. We physicians, consciously or unconsciously, are cosmopolitans by stern necessity.

It was from these historical points of departure and with a view of giving the Europeans a concise picture of our conditions and of offering them the proof that we have advanced by forced marches to a place in the foremost

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fighting ranks—there is no longer any justification for the existence of triarians—that I made my address at the Sorbonne before the congress last year. As this address was so favorably received, I take the liberty, in order to make these letters complete, to refer to it and to encourage its perusal, all the more so because I can furnish the proof that my representation of conditions was an impartial one. This proof lies in the following facts. On that occasion I demanded recognition for ourselves, but I also did not pass our weaknesses in silence. The consequences were not slow to appear. From the best men in our nation I received expressions of grateful recognition, while those who have been unmasked or believed themselves underestimated accused me of slander. Still, it did not take them long before they understood and appreciated my motives and meaning.

Mutual understanding is only possible on the common basis of mutual recognition and of common ideals for all of us, not only for the greatest who tread the heights of science or of humanity and rear their heads up to the stars.



## ADDRESS DURING THE "CONGESTION" EXHIBITION

AIR-SPACE alone is no health-giver or life-saver, any more conspicuously than climate alone. Eastern consumptives die in Colorado and Arizona in large numbers, as the Indians do in their wigwams. Indeed, more means than one are required to accomplish a desired end. Air, water, food, rest, rest modified by gymnastics, mental quietude, medicines—all are equally demanded to overcome the detrimental influence of either congenital or acquired disposition and injurious circumstances—mostly contagion. A farmer who lives on a hill in the country and nails his few windows down every October, locks himself up with his carbon mono- and di-oxid, his emanations and his bacilli, and leaves his climate to his crisp winds out of doors. His lungs are benefited by the air of his farm exactly as the skin of the East Side baby whom they sew into flannel for the winter is benefited by the water in the Central Park reservoir that never reaches him.

Nothing is more deceptive than the calculation of cubic feet in relation to the demands of respiration. Any ever so limited space is sufficient for the wants of a human being, provided the air is pure *and constantly changed*. The admixture of microbes and toxins may be deadly under all circumstances. A small camp under the sky, however, in the country or on the seashore, permits large numbers of people to thrive and improve. Indeed, many of you may have recovered from sickness or invalidism in a forest or at the seaside, though with an absence of home comforts. But no amount of ample space and free air is a safeguard against illness and death, unless they are kept free from microbic and toxic poisons. Indeed, the worst congestion is not limited space and air, but the accumulation of nuisances caused by indolence or something worse, such as that which in spite of full knowledge

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of established scientific facts gave death or invalidism to thousands of vigorous men at Chickamauga and Montauk.

I am quite aware that in this very hall there are many who emptied their individual purses and hastened to offer their personal services as nurses to the victims whom a rich and cultured country deported to the Long Island sandy point. That memory should never be extinguished. Unless it rankles in our brains forever, it has been the fleeting impression of a moment only, not even strong enough to warm the heart.

After all, what is this congestion which is on the lips of everybody? It does not mean merely a definite and indispensable number of cubic feet. A space of five hundred will suffice, when its air is frequently changed, and made respirable with a low percentage of carbonic acid, and the absence of smoke, of carbon monoxide, sewer exhalation, privy odors, undue moisture, animal gases, and high temperatures. A single house with few inmates may have all the bad features of over-population, and a densely populated area full of people may be made comfortable and remain in good health when so fully aired and so well lighted as the block in Chrystie Street is not. You have been told about the latter. When I lived there fifty years ago it had not fifteen per cent. of its present population. Now it is inhabited by 2781 persons. There is not a bath tub in the whole block, and five hundred of the rooms are dark and afford little access of fresh air. That this is not all that can be said against it is evident to all those who are acquainted with all the physical and moral accompaniments of poverty stowed away in that block, and others like it.

Thus it appears that it is not over-population alone that should be feared and combated. There is plenty of air to be had, but we insist upon wasting it as we do water, and corrupting it.

An adult requires at least 30, at most 50, cubic feet of air per minute—3000 per hour. A room of 3000 cubic feet air space should, therefore, have an hourly supply of fresh air which should enter uninterruptedly, and in such a manner that it removes the vitiated air from all

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the nooks and corners. Add to this vitiation caused by respiration the emanations from the body, from illuminating gas, from candles, and from kerosene—and the amount of fresh air demanded is very much greater. A single gas burner consumes hourly from 3 to 6 cubic feet of gas, necessitating daily from 1500 to 10,000 cubic feet of air. The same amount of light produced by candles or lamps vitiates at least twice as much air as a gas burner. Now tens of thousands of tenement dwellings consist of two light rooms, 1000 cubic feet each, and two dark bedrooms of half the size, all inhabited by five or more persons.

Since Pettenkofer, we know that the normal amount of carbonic acid (carbon dioxid) in the atmosphere does not exceed .7 of a per mille. One per mille is unhealthy. Good country air may have three per mille, New York air, four and one-half. Massachusetts schools do not allow more than eight.

Now an adult exhales in one hour 22.6 quarts of carbon dioxid, a child at school age 10, a candle 12, a petroleum lamp 60, a single gas burner 100—as much as five or six adults. It is only electric light that furnishes no—or very few—products of combustion. All the rest add direct poisons to the carbon dioxid. Smoky flumes cause carbon oxid, sometimes even akrolein, gas and petroleum sulphurous acid,—all of them very poisonous and sometimes fatal. That is why the lighting of the future *must* be electric.

To prevent the carbon dioxid from rising beyond seven-tenths of one per mille in the inhaled air, an adult requires hourly about 1000 to 3000 cubic feet of air. The air of a room cannot be changed more than twice an hour; thus at least 500 cubic feet of air should be supplied twice every hour. That is, indeed, what, according to Morin, is legally required in many countries for barracks, prisons, and theatres. Schools for the young, though not crowded as they mostly are in New York, have to get along with one-third of that. Still, as I said of Massachusetts, they allow eight-tenths of a per mille only. Schools for the adult must get on with about one-half.

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It may be remembered, however, that these latter places are used part of the time only, and vitiated air when not inhaled permanently will exhibit a modified effect only. It should not be forgotten, however, that vitiation does not mean the exhalation from human lungs of carbon dioxid only—you have to add fermentations in the floors of rooms and halls, the lack of bathing, excrementitious gas, odors of soiled clothing; and recall the further fact that small rooms are ventilated less easily than large ones, not to speak of dark ones.

Thousands of New York dwellings contain fewer rooms than I have mentioned. There people live or vegetate, or suffocate, year in and year out, with very little ventilation. If there be any through walls and closed windows it never reaches the recesses of the living rooms, and much less the dark bedrooms; the only occasional fairly effective ventilation by opening the windows is avoided by the actual or alleged danger of draughts.

Here is a specimen of yesterday's office of a physician. George E., 21 years, "operator," works 10 hours in a shop in which 800 men are employed; no windows are allowed to be open. There are no spittoons; everybody spits on the floor; every night the floor is swept, but without water—dry. Never any floor washing that he knows of. Has a hall room somewhere which he shares with another man; the room has a window which has been nailed down by the hostess. Both want their smoke and have their cigarettes in their room. Complained of headache; I should say he does. Prescription—break two panes of the top window "by mistake."

Another one: Ida G., 52 years; is wrinkled and looks like 82. Every organ is normal enough, but she complains of difficult breathing and burning throat, and vertigo. Wants a prescription and is disgusted because she cannot have anything but advice. Lives in Norfolk Street; has one room with windows, one kitchen with windows, two bedrooms between; each with a small window leading to a skylight that has no sky and no light, and is never opened because she says it is of no use. There are two floors underneath and two above; there is a privy on

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her floor and one on every other; hers, she knows is very offensive; she never goes out, has no time; there she lives with her husband and nine children—four others are away, some married; four are boys who work like their father; they are good boys, all five of them, for they do not go to the saloon or other places, but stay at home all their evenings; and smoke cigarettes or pipes; the windows are not opened, for coal is high.

You now understand why no day passes on which in my intercourse with patients I have not to order the top of a window lowered all day and night. Those of you whose civic duties call them to experience in their rounds the real facts are aware that there is no exaggeration in this—perhaps even an underestimation. In your feelings of relief when you again reach the sidewalks, I at least can sympathize with you, that is true—but still more with them from my practice half a century ago in the Five Points, and in the slums that survive them since the Five Points were replaced by a mission house. I am perfectly certain that your observations on these and other facts fortify you in your sympathies and endeavors. It is nearly sixty years since I had a taste of it myself, and knew what there is in semi-strangulation. For years I inhabited a place holding from 600 to 700 cubic feet with a barred window, the size of a square foot, never opened, 10 feet above the floor. One thing is certain, that such experience as yours and mine also has been and must be conducive to swell the ranks of the first century's Christianity, of many rebellions and revolutions since, and of modern socialism, which I trust promises to accomplish its ends by peaceful means.

In connection with that momentous subject, this very moment your wrathful scorn is appealed to. Assembly Bill 459, by Sheridan—had a hearing in Albany two days ago. It means to remove from the scope of the progressive Tenement House Law and the jurisdiction of the Tenement House Department over 20,000 tenement houses now occupied by 68,000 families. It would mean that three-story three-family tenement houses, old and new, could be left without water supply in the buildings,

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like the tenements of pious Trinity Church, without an exit to the roof in the case of fire, with unhealthy basement living and sleeping rooms, with dangerous bakeries without proper fire protection connecting directly with the parts of the house occupied by the tenants; with foul and malodorous stables in the same lots, with undetected and unchecked conditions of over-crowding and uncleanness, and a bad state of plumbing throughout the houses. For periodic inspection would no longer be required. Such a bill, if passed, means practical anarchy. A crazy anarchist kills one and is cursed; that Sheridan Bill creates anarchistic conditions which will kill thousands slowly but surely. Saul slew one, David Sheridan threatens to slay a thousand. It has come to this that the State of New York pays legislators a salary for waging war upon the health and existence of its men, women and children. See to it, all of you, that this bill cannot leave the walls of the Committee rooms. It should not be said that common sense, civic duty, regard of public safety, and respect for the health and the life of men and women and children of a civilized city cannot be protected against predatory avarice and viciousness, except finally through the sense of justice of one man, through the veto of our staunch, sturdy, incorruptible, unselfish, and vigorous governor, under the present circumstances.

The average city mortality in the State of New York is 16.7 p. m.; in Greater New York, 19.3; in the following towns it is greater—Cohoes 20.2 p. m., Poughkeepsie 20.7—perhaps for that reason the State authorities intend to build a reformatory at the gates of Vassar College—and Newburgh, Utica, and Watertown. All the rest of the towns have a lower mortality than New York, down to Jamestown with its 11.6 p. m.

The New York State Department of Health publishes the number of communicable diseases which were reported for 1907, viz., tuberculosis 22,098; diphtheria, including the so-called croup that means diphtheria of the larynx, 20,024; scarlet fever 20,134; measles 31,539; typhoid 7126; cerebro-spinal meningitis 957; small-pox 476; ophthalmia of the newborn 35.

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You should know, however, that these figures are fairly reliable for the largest cities only. Indolence or ignorance in regard to, and disobedience to the law of the land, are not yet extinct. Most of these 80,000 cases of communicable diseases might have been avoided. To rejoice at the fact that most of the sufferers escaped death is natural, but is shortsighted, for death is not always the worst that may happen. The thousands of weak hearts, diseased kidneys, chronic pneumonias, and tuberculosis, and cases of chronic enteritis, weak brains, deafness, and blindness are not recorded in the town register or on gravestones—at least not in that very year. Genuine deaths, acknowledged deaths, took place from these causes as follows:

Typhoid fever 1668, probably, however, 136 more which were attributed to "malaria"; small-pox 10, measles 995; scarlet fever 1029; diphtheria 2600; cerebro-spinal meningitis 225 (1178 in 1906); tuberculosis 14,406—in round numbers, 19,000 deaths, that is, 24 per cent. of all communicable diseases which were reported.

All of these diseases rank among those communicable. To prevent them, common sense and experience advise certain measures. Fatal diseases which could have been prevented begin to be looked upon by good men and women as social crimes. A nation or a community which permits illness and death from a cause that could have been avoided proves its lack of culture and conscientiousness. Public sickness is a public scandal and a sin. For every case of death from small-pox somebody should be held responsible—the city, the State, or some individual, for no case of small-pox when vaccination has been successfully practiced is ever fatal; if it is, somebody should be charged with homicide. Strict rules in regard to scarlatina, diphtheria, erysipelas, cerebro-spinal fever, and others, as represented in our modern school regulations, acknowledge the right of the individual to be protected, and the responsibilities of society. Under strict sanitary rules the five thousand annual deaths from communicable diseases should be reduced to five hundred, and whooping cough, scarlatina, measles, diphtheria, infectious pneu-

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monia, meningitis,—even small-pox and influenza,—should be robbed of most of their terrors. Isolation of every case is often practiced and always advised as being indispensable to limit the spread of an epidemic. In large and comfortable houses it can be accomplished; in the tenement house it is impossible, or almost so. That is why, in connection with tuberculosis, Dr. Herman Biggs could prove years ago that when there was one case of tuberculosis in a tenement house there would be another one within a year. Rubner formulated his identical experience in 1889, when he stated that tuberculosis occurred in proportion to the density of the population. That is why, when the Medical Society of the State of New York, in its sessions of 1882, proposed what five years afterward became the Willard Parker Hospital, it advised half a dozen such institutions, and just as urgently demanded refuges in which the children of the people living in houses where isolation was impossible, could be cared for until the danger of contagion would have passed. Nothing of the kind has made its appearance, on account of a lack of understanding, civic responsibility, and money. One thousand millions annually, however, are not considered too much for conquests, pensions, and the latest fashions of swimming batteries. Indeed, history is a slow evolution. It may demand more years and more disappointments than you have experienced to teach you the patience which is required. Still, I do hope that this century will see the end of inevitable or unavoidable communication of dangers, and that the next will relieve the abject poverty which is at the bottom of it all.

It is true, however, that while the hovel with its congestion suffers most, many diseases will also strike the palace with its alleged freedom from exposure. Evidently, after all, we have to deal not so much with a medical problem as with a social question. Nobody knew that better than Rudolf Virchow.

In a few words I shall report what the greatest man of the nineteenth century said in connection with one of the formidable epidemics he had an opportunity to study. Rudolf Virchow was sent by the Prussian government

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to upper Silesia to study the epidemic typhus then ravaging the country, the justly so-called "hunger-typhus." It was in February, 1848. His report contained histories of cases and of autopsies; besides, it was historic, economic, and hygienic. He painted in true colors the people's neglect extending over centuries, their poverty, dirt, and brutality, the mental bondage caused by the Catholic hierarchy and the economic slavery produced by the bureaucracy and old feudalism. He looked for safety not in drugs but in culture, in social reforms, in education and its daughters, viz., liberty and prosperity,—in full and complete democracy. He advised popular education, agricultural schools, the raising and teaching of the numerous orphans, the building of roads—indeed, the recognition of the fact that "the nineteenth century was to be the beginning of the social era." In a journal founded in the same year of the political revolution of 1848, he also claimed what should be the gospel of every physician: "The physicians are the natural attorneys of the poor, and the social problem is to a great extent part of their jurisdiction." In connection with that he demanded a reform of the nursing of the sick, which should be obligatory, also the possibility of a hygienic existence; also a reform in the medical profession, in medical teaching, and in state medicine. You can imagine what happened. He was deprived of most of his positions in the university, but the spirit the government had called up was indomitable, and the stone they thought of rejecting became the cornerstone of modern medicine, and of political liberalism.

I said we have to deal less with a national question than with a social problem. The poor know it very well, the rich learn it often by sad experience. For the interdependence of disease is as frequent as that of ideas. Servants and coachmen, and mechanics and teachers, tailors and milliners, chauffeurs and railroad employees, agents and scrub-women—they all control your fate and that of your children. Whatever you will do for the lowest of them—for their health, their homes, their safety, you will do for yourselves. After all, human society is not a co-ordinate collection of isolated members, but an or-

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ganism with interdependent and mutually responsible factors.

I shall now give you a specimen of what is called by the mild term of congestion from our own neighborhood:

On January 16th, in company with Dr. Gilman Thompson and Commissioner of Charities Hebbherd, I visited the Tuberculosis Infirmary of the Metropolitan Hospital on Blackwell's Island. To Dr. Walter Sands Mills I am indebted for the exact figures which I wish to present. There were 681 patients. The men's building, which is much over-crowded, is 300 feet long. On Ward M—the ground floor—there were 164 patients. That floor had 42 small rooms, each with 1119 cubic feet of air space. 26 of these rooms had three patients each; 16 had 2. There are ten larger rooms, each with 1680 cubic feet of air space; 7 of these rooms had 2 patients; 3 had 3. 27 patients were in the alcoves, where none ought to be; 46 had beds in the corridors, which should have none.

In Ward N, the second floor, there were 166 patients. That floor has 38 small rooms with 102 cubic feet of air space each; 12 of these beds had 2 patients each, 26 had 1.

There are nine larger rooms with 1540 cubic feet of air space. Four of these had 2 patients each; 5 had 3; 44 patients were in alcoves where none ought to be; 49 had cots in the corridors.

On Ward Q, the top floor, where the very sick bed-patients are, there were 100; 40 in single rooms of 932 cubic feet; 22 in 11 double rooms of 1400; 38 in alcoves which should have none. On that day there were no beds in the corridors. The corridors are all 300 feet long and 13 feet wide. The ceilings have a height as follows: The lower 12, the second 11, the third 10 feet.

From January 13, 1902, to January, 1908, there were 14,432 admissions, 9495 discharges, and 4314 deaths. To the superficial observer this may mean a mortality of 29 per cent. You see, however, the miscalculation connected with this statement, which compares the total number of

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admissions with the number of deaths. If you deduct the discharges from the admissions, there remain alive 4927 inmates, of which 4314 had the opportunity of dying in the institution, that is 87 per cent.

Now Blackwell's Island has plenty of air, but the tuberculous patients have none of it. Even their individual 500 cubic feet would do quite well if it were changed, but there is no ventilation. The windows are small, the walls are solid and nearly impervious to air, the narrow doors open into a central hall occupied by 50 patients each, and into over-crowded alcoves which should be vacant. The windows must not be opened, for those near them would not endure the cold streaming in on them. There are no ventilators taking their place. It would be interesting, though embarrassing, to know the condition of the air thus accumulated,—the reduction of its oxygen, the increase of its carbon dioxid, and the emanations from the bodies of those in advanced pulmonary tuberculosis, who, while poisoning their sick neighbors, accelerate their own annihilation. It is no wonder they leave that dying place by hundreds in disgust, possibly to return in despair, probably to meet with a refusal of admission. For when you are looking for a spot where a poor patient of yours may find a resting-place, the invariable answer for many months has been from all quarters—"No bed."

And that, ladies and gentlemen, is one of the features of life in America, in that America to which the poor, and oppressed, and persecuted of all nations have been looking as a haven of liberty, and rest, and unlimited possibilities.

Foreign experience tallies with ours. Dr. F. C. Freudenberg studied the dwellings of 2900 persons who died in Mannheim, Germany. He distinguishes families with from one to three rooms from those with four or more rooms. The first class had 788 dead of whom 250 were tuberculous; the second had 370 dead, 65 of whom were tuberculous; the first class had 31.7 per cent., the second, only 17.6 per cent.

The better-to-do classes were subdivided into families with six or more rooms—death percentage 10.3 per cent.;

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families with four or five rooms—death percentage of tuberculosis 22.2 per cent.

The poor population was also subdivided into those of whom two lived in one room—death percentage 23.4 per cent.; three in one room—percentage 34 per cent.; four in one room—42.2 per cent. Almost one-half of deaths were due to tuberculosis. There was an exact proportion between the density of population and the mortality from tuberculosis, and the well-to-do-classes had only one-quarter of the mortality rate of tuberculosis compared with the poor, who furnished three deaths from tuberculosis in seven persons six or more years old. The age of the tenements did not change the results. It was found that the largest number of deaths did not occur in the oldest buildings, but in the new tenements crowded with large numbers of people.

Other instances of congestion in Europe prove that this evil is universal. In 1900 23,000 dwellings consisting of one heatable and one non-heatable room were wanted and could not be had in Hamburg, while 40,000 were occupied. In Berlin, which is so proud of growing as fast as Chicago, 43 per cent. of all dwellings had only one heatable room, in Broomberg 80 per cent. In Berlin 36,000 dwellings, consisting of one room with a kitchen, contained four persons each; 23,000, 5; and 12,000, 6 persons. 25,000 households of this kind kept boarders; in nearly 16,000 of them there were children. In the same city 11 per cent. of all the sick, the majority of whom were tuberculous, shared their beds with other inmates.

The density of population in New York is about proportionate to the exclusion of air and sunlight. This discovery—which was no news to those who suffered from it and those who made money out of darkness—was made by a very inquisitive person—Commissioner De Forest. He came to the conclusion that it was of more consequence to know these things than to be informed about our neighbor Mars, and that it should not be so difficult at all to imitate the old testament command, "Let there be light." And there was light in thousands of places

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where there had been darkness. By the simple method of substituting glass doors for solid ones and breaking holes into solid walls, he exhibited the dust accumulated for decades, and suggested cleanliness in many an unsophisticated housekeeper. In that rare man's first report of the Tenement House Department of the City of New York, Vol. II., 1903, you may gather the very number of dark rooms in which our brethren and sisters are expected to live.

There were in 1903 dark rooms in Manhattan in 18,129 houses, in Brooklyn 18,120, in Queens 1346, in Richmond 146. The number of dark rooms was as follows: 212,615 in Manhattan, 139,928 in Brooklyn, 8666 in Queens, 452 in Richmond. It is useless to ask me how many I believe there are at present, a few years after Commissioner De Forest left office. I never bet; I never guess.

In connection with this topic, it is rather entertaining to learn another item from the first volume of Commissioner De Forest's first report of the Tenement House Department. The Register of Records has the following report concerning the house 449 West 16th Street: "During 1902 and down to July 22d, 1903, there occurred in that house 1 case of diphtheria, 1 of measles, and 7 of tuberculosis; the building and its interior are in dirty and unsanitary condition. The cellar is dirty and full of mire. In the front part and in the coal bins there are five cartloads of old cans, rags, and all sorts of refuse. In the back part there is more from the pipes. This mire comes from two rows of privies in the yard of this and the neighboring building."

This happened under the noses of New York City a few years ago, sixty years after Dickens said publicly in regard to London—which meanwhile has reduced its death rate from 30 per mille to 15.1—that he "knew of places in London unsurpassed in the accumulated horrors of their long neglect by the dirtiest old spots in the dirtiest old town under the worst governments in Europe." As we have no guarantees by any means that our conditions are better, in spite of City Clubs and Civic Federations,

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there is still some opportunity for mental rumination and municipal improvement.

What would you do, or what might you do if an accident placed you in possession of sixty or eighty millions of dollars. You could spend your four millions of income by making the first steps to eradicate tuberculosis, and other contagious diseases. How would you proceed so that they who now rot in offensive and dark places, and look hollow-eyed in the direction of their cheap coffins and pauper graves, and poison the adolescents and children and infants near by—all of these latter to renew the ghastly picture when their time will come in a near or distant future—would have an opportunity to end their lives in comparative comfort, in open air, a sky over them to feed their hungry eyes, a sun to dry their perspiring skins, and enjoying the care of those who while they look for their comfort have an opportunity to protect themselves.

Still, it should be appreciated, and it may be a consolation to some one, if not to you and me, that over-population in reeking rotten houses may be good for statesmenlike and religious purposes. When a few years ago the notorious lung block of Cherry, Monroe, Jefferson and Clinton Streets was to be changed into a park, the main objections, eloquent and powerful, came from the Assemblyman and the clergyman of the district. I have not the courage to repeat here the origin and fountains of their eloquence which opposed the improvement. You guess it, indeed you know it. The constituency of one and the flock of another are anchored in that block and would have disappeared together with the white plague of the block. The lung block is still in evidence, perhaps also the assembly "statesman" and the "divine."

Again, how will you proceed? Please be satisfied with the number of committees now at work. Strengthen the old ones, form no new ones. Talk less, write less, print less. It has come to this, that every little corner committee, with new presidents and secretaries and sub-committees and their chairmen and secretaries, and advisory bodies prepare and discuss and print rules and regulations and circulars and pamphlets and researches and exhaust

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the patience of many well-meaning persons and the size of the treasuries and the forbearance of the readers and the capacity of the waste-paper baskets. We are getting into the ruts of European bureaucracy and forget our old reputation of being a practical people. Cease to prepare and deliberate *ad infinitum* before it is too late to act. Again, what will you do with your four millions of annual interest?

Four million dollars, even in this New York, will build twenty-five or thirty houses, substantial, healthy and light for 1500 people. The rent they pay will increase the number of such houses from year to year, while the original interest is being spent in the same way. In the tenth year 3000 would be accommodated annually; keep on, and in 25 years New York City will look in vain for the murderous dungeons of to-day, and the face of the metropolis and its health and temper will be changed. Mr. Phipps has shown what may be accomplished with a capital of a mere million. Nor will your original \$80,000,000 be the only power attaining that—no longer Utopian—end; your example will meet with imitation, and imitation incite emulation. Fortunately it is not epidemics and vicious egotism alone that are contagious; humane instincts and virtues themselves share in this gregarious tendency of mankind. You call that fashion—there is no harm in fashion as long as it is exhibited in and spent on beautifying, moralizing, and helpfulness. When city clubs and municipal research institutions, and Consumers' Leagues, and Settlements become so fashionable as to make their influence felt in human society at large, we shall learn what this Republic was made for. It was not established to be devoured by the Moloch of commercialism, nor victimized by unbalanced minds with absolutistic ambitions—it was meant for the redemption of society. There is no one Redeemer, however—man or set of men—society must redeem itself. The generalized impulse to study and to aid, as illustrated by the spirit which calls these audiences together, and these exhibits to be arranged, is a beautiful fruit of the democratic soul pervading the cultured classes of the people.



## ADDRESS AT LAYING OF THE CORNER- STONE OF BETH ISRAEL HOSPITAL

ON occasions like this the medical profession should not be absent. As its representative, called upon to speak here, I can but express our satisfaction at this new enterprise which furnishes new hopes for this over-crowded part of the city. There is in a community no more powerful element of safety and culture than a well-planned and well-equipped modern hospital. It is not only a source of relief or salvation to the persons looking for comfort and health, but also a means of instruction in sanitary matters to the outsider, and of encouragement. I know the hospital in East Broadway fairly well, having been connected with it until a few years ago. It equals the other hospitals of the city in its well-meant endeavors and in its humanitarian principles, and fifty or seventy-five years ago we should not have found much fault with it; but fifty years of new experience in treating the sick and preventing their ailments have taught us at last that old dwellings, and restricted means, and narrow quarters are unable to afford security to the stricken persons, or a good example to the neighborhood. That is what has been appreciated by the medical board, and the board of trustees of the Beth Israel Hospital, and that is why we are here to-day to congratulate one another and the city upon this preparatory step in the direction of establishing this new home for the indigent sick.

I take it for granted that this hospital will be a model institution of its kind, clean, capacious when compared with its numbers, and supplied with all the means for aiding the sick and for protecting them against the invasion of new disease. If founded on the teachings of modern science and art, it will be of immense value. It will be more expensive than the old one, probably,—and its friends

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should not forget that previous results cannot be obtained without generous contributions,—but it will be more successful. For it is easy to prove that a well-housed, well-fed and treated patient will get well in half the time, and his convalescence will be shorter, so that his usefulness will be more speedily restored. In this way the expense for a single patient,—while the average daily cost may be a little higher,—will be less than if you harbor him in an ill-ventilated house and feed him on poor and cheap fare. If he leaves your home in three weeks, instead of five or six, there is not only a saving in total expense, but also the possibility of attending to and saving two instead of one. Hospitals now-a-days furnish better care and greater facilities than the house of a well-to-do man. That is why many are over-crowded, and many rich people are admitted who have learned that but rarely a private house furnishes the comfort and security found in a hospital. The opinion in regard to hospitals among the poor and ignorant has undergone similar changes. Formerly they objected to going to a hospital, now they are anxiously seeking admission.

And in planning this new institution I take it that the trustees have followed improved public opinion, and realized the wants and wishes of those who have to look for aid and support amongst those better situated and willing to help. It is in this way that difference in station and means are somewhat equalized, the responsibilities of the community are acknowledged and acted upon, and the lessons of democratic citizenship are disseminated. In this way a hospital is not only a refuge for the physical man, but a school of ethics and morals, and a lesson in mutual duties, in democracy, and humanitarianism, that is necessary everywhere, but nowhere more than in this part of the city that has lived through the most wonderful changes. A short half century ago these seething quarters were the homes of our intellectual and financial aristocracy; just north of here, in the 10th ward, where I lived for four years nearly half a century ago, there were the dwellings of people of more moderate means who owned them, or small houses, with few intervening

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tenements, in which resided two or three families. The population has since increased ten and twenty fold, and with the increase of crowding, of poverty and ignorance, the want of accommodation for the sick has grown a hundred-fold. It is this want that you are going to remedy by the new institution, the cornerstone of which you have laid to-day. What you are doing is to initiate for this neighborhood a new era in not only preparing the means of curing the sick, but in giving instruction in humanitarian practice and good citizenship. As a physician who naturally looks upon your efforts from these two points of view, I congratulate you and thank you for your former and future labors. I know I may also speak in the name of your medical board with which I was once associated. You will always find them willing to offer their unpaid and unselfish services, and anxious to coöperate with you in the interest of the sick and the realization of humanitarian and democratic principles.



ADDRESS AT THE INAUGURATION OF THE  
NEW BUILDING, COMBINED WITH THE  
COMMENCEMENT OF THE TRAINING  
SCHOOL OF MOUNT SINAI  
HOSPITAL

TEN years ago the wards of the Mount Sinai Hospital, particularly those located on its northerly exposure, contained more cases of typhoid fever and dysentery than were carried into it. The fountain-head of these pests was the very place on which this edifice has been erected. Like our great country, which shelters at the same time the choicest development of civilization and the most uncouth barbarism, the building dedicated to scientific charity was separated by the width of a street only from unfathomable mire, the remnant of former cowpens and the uncared-for refuse of the Third Avenue shanties. To-day the place is filled with four public buildings, the juxtaposition of which displays just as many symptoms of modern society—a synagogue, a fire-engine house, a police station, and, lastly, a home dedicated by charitable science to scientific charity, and a school established for the purpose of rendering charity more effective, disease less harassing, death less threatening and more avoidable through the trained efforts of women educated for the purpose.

Thus, what has happened under our eyes, and partly under your hands, is a repetition of the uniform development of human affairs and events. Unless we measure the history of mankind by the duration of a presidential term or a score of years, we come to the conclusion that simplicity, coarseness, inadequateness, and individualism are being slowly substituted by complexity, refinement, appropriateness, and organized efforts. The latter alone have resulted in the realization of the modern wonders

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of industry, commerce, science, and art, and also in the attempts at rendering the existence of all human beings, rich and poor, well and sick, more enjoyable or bearable. They are mostly an achievement of modern culture. In fact, what the ancients wanted most was organization and co-operation in most branches of knowledge or activity. There was but one thing in which voluntary organization was perfect in its way—that was the organization in the interest of bestiality; when they had a war on their hands, they knew how to congregate and to destroy. Even then, however, that organization was but temporary: their very battles were apt to be single combats.

The men in those times were individually as wise, brave, pure, and eloquent as any in later centuries. Though we have a Washington, Franklin, Lincoln, Sherman, we have none to excel a Pericles, Aristides, or Cincinnatus and Aurelius Paulus. But the results of their labors were not lasting, and their political edifices broke down in relatively short periods, for they were not held together by the thousand threads composing the texture of modern life.

Every new institution which owes its existence to the organized co-operation of the many is a new proof of the correctness of the statement that, in spite of all the individualism of modern life, there are many purposes in common and a thorough appreciation of mutual indebtedness. It is not even necessary that every one should know why he is drawn into the performance of his duties toward his fellow-men. There is an ethical atmosphere, as there is a physical. As no person can fully escape the effect of the malaria poison while living in a malarial district, or the paralyzing influence of dog-day temperature, or the exhilaration of a glorious May morning, or the refreshing breath of Alpine air, so there are few who breathe the air of a republican commonwealth and live under the flag of a democratic country, the emblem of mutual responsibility, but are getting imbued with the dictates of charity and of tolerance. You may close your ears—you must hear something; turn your eyes—you will gather some impression of light. It must be a place as dark as Hades

## ADDRESS AT MT. SINAI HOSPITAL

which does not admit some trace of the light that abounds all over the universe.

In that way the Mount Sinai has outgrown its original plan and size; thus the Montefiore was established, the German Hospital, Roosevelt, the new building of the New York Academy of Medicine, and the many scientific and charitable institutions which cover the continent, not at the dictation of a personal government, but the outflow of the self-education of a generous people.

I am led into the utterance of these thoughts, regretting though that I have no time for the proper expression of my appreciation of their exalted importance, by the presence here of so many men and women shining in commerce, society, or science. For what is it that called you out in such numbers? I trust it is not curiosity—that might have been satisfied at a more convenient hour or day; no longing for amusement—we have no play, no games, no music; not the thirst of knowledge—for we have no new discovery, doctrine, or facts to impart in a lecture. What drew you here was the impulse of seeing and enjoying, with fellow-men and women, the result of co-operation in the service of an idea—that idea being directed to charity guided by science, and to instruction provided in the interest of both science and charity. You wanted to see to what end and with what result you have been uniting for a great aim; and I know you must feel that your combining your forces has had tangible results of no mean order. It is a pleasing fact in the consciousness of thinking men and women that the same fundamental principles underlie science, society, and political existence. In all of them the basis of existence and the source of development is the intertwining of interests and the combination of energies. It is in this way that many of the demands of socialism have already been solved by the political commonwealth and social custom; and that we may safely hope that the future will find it easy to work out a happier frame of social life, if not in impossible equality, still in the ties of fraternity and solidarity.

When I was first connected with the Mount Sinai Hospital thirty years ago, before some of the present Directors

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and any of the ladies present were born, it consisted of a large shanty in West 28th street—a tenement-house district. I think we had only thirty beds, but we had Willard Parker and Ernst Krackowizer, we had Benjamin Nathan and Joseph Fatman; their warm hearts and clear heads must never be forgotten in the history of New York. In accordance with the increase of population, means, and necessity, the present hospital was erected. There have since been added an Isolation House and the ever-growing Dispensary Department, and the service has been enriched by a number of special branches. Finally the inadequacy of the accommodations, and the impropriety and danger connected with the presence of an out-door department within the hospital building, have necessitated the erection of the edifice in which part of the work of this great institution is to be performed.

The Board of Directors must be congratulated upon the consummation of their plans and objects. They have deserved well of the community for which they worked so long and so faithfully. They knew how to communicate the interest they felt themselves to those who had something to contribute, be it brains, money, or labor. They have enlarged the roll of their contributors, and, by making them stockholders in the realm of good citizenship and humanitarianism, have benefited both the institution and the members, whose horizons they have widened and hearts warmed. The thanks of all those are due who can appreciate the task so successfully performed. I know the Directors will consider themselves amply paid if their expectations in reference to the usefulness of this new building be fulfilled.

Besides its destination as the Out-door Department of the Mount Sinai Hospital, it is to be the headquarters of the Training School for Nurses. Mrs. President, I had the great honor of addressing the first graduating class of your school, seven years ago, on May 12th, 1883. I trust that the difficulties, which must always be overcome in the founding of a new institution, appear slight when compared with your results, and that you have reason to look back to these years of honest and successful exer-

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tions with great satisfaction. One thing is certain, namely, that the pupils and graduates of the Training School have enjoyed constant opportunities to serve the institution while being served by it. Another thing is as certain, namely, that the Training School has supplied a want which was sorely felt. For it is just as certain that a modern hospital requires a number of co-ordinate component parts. Besides a public willing to pay and add its blessing, you want a good board of directors, effective administration and officers; you require also medical men, instruments, and other remedies. Besides, you require the best possible and most scrupulous and conscientious nursing, and that is what your school was meant to contribute to the performance of the common duties. Seven years ago, after giving an outline of the history of nursing the sick, from the individual charity of the ancients to the first foundation of hospitals amongst the Buddhists and Arabs, from the original lay brotherhoods to the large nursing organizations of the Catholic Church, I alluded to the period in which, while the influence of the Church was evanescing and no other strong mental or emotional power took its place, intelligent and efficient nursing was on the decline. Nursing the sick—unless it were that performed by the relatives, who are often least fit for the task—was held in practical contempt. In an address I had the honor of delivering at the opening exercises of your fair held in the Brunswick Hotel on December 19th, 1888, I mentioned the fact, stated by the census of Berlin in 1872, that two-thirds of all the women in that city had to provide for themselves, but that only one out of every four hundred and seven turned to nursing as a regular occupation. Whether this quarter of a per cent., however, was efficient, we are not told. I am very much afraid it was not superior to the class of women who undertook nursing the sick as a means of livelihood in our New York. I remember the time quite well, and also the women. They and I did not think well of each other. Many of them were fat, much more than forty, and not fair; the rocking chairs they sat on, the many cups of coffee they drank with their cake after numerous and

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copious meals, agreed well with them. After they had gone through that course of self-sacrifice a great many times, they looked upon themselves as oracles and the legitimate critics of the services of the medical man, who had almost as hard a time as the patient. Or they were thin, wiry, and spiry, a terror on the premises, sharp and venomous *noli-me-tangeres*, and, like their more corpulent sisters, the self-sufficient possessors of mountains of accumulated ignorance. They have left the field, as ought to do, because it is a logical consequence of the growing knowledge of the danger they convey, the hundreds of so-called midwives who—I do not exaggerate—carry puerperal fever to the woman and the newborn from tenement to tenement, in their unwashed clothing, unkempt hair, and soiled finger nails, this very day. There, Mrs. President and ladies, is another field on which you can again begin to reform and revolutionize.

I well remember the meeting of the Medical Board of Bellevue Hospital in which it was announced that a number of ladies had formed an association for the purpose of training nurses in behalf of the hospital and the public. While we were unanimous in desiring good nurses, many of us were doubtful as to the possibility of obtaining them by such means. What, however, women are able to do, without stepping beyond their "spheres," has since been demonstrated by the Bellevue, the Charity, the Mount Sinai, New York, and other hospital training schools for nurses, and all those which have since been established all over the country.

The object of these training schools was to utilize the facilities afforded by the wards of the hospital to obtain a better class of nurses by a prolonged course of theoretical and practical instruction for the work required both in public institutions and in private life. By so doing two objects have been accomplished. A large number of young women have found a profession by which to make themselves useful and to benefit the sick. I do not know of any calling which can be made more beneficial and more honored while affording independence and competency. Besides, in most cases the services rendered the sick are

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thoroughly appreciated, for it is not always true that services rendered make enemies of those you have benefited. The public have been quick in imitating the appreciation bestowed on the trained nurse by the physicians. It is the latter who know, better than anybody else can know, the difference between hospital nursing now and in former times before the inauguration of the present system, and wonder how we could be expected to assume the responsibility of grave private cases without a member of this genuine army of salvation to execute orders intelligently, quickly, and successfully.

For without the most conscientious and best-informed class of nurses the ideal hospital cannot exist. The ideal hospital is that which surrounds itself with, and claims as its prerogatives, the best possible hygienic measures, the most profound medical learning and greatest skill, and the most intelligent and dexterous nursing.

Your share of the common duties, ladies of the graduating class, you have performed in a creditable manner. It gives me pleasure to publicly bear testimony in your behalf.

From what I have learned from my colleagues, I have reason to believe that you will be better nurses than even a diploma can proclaim you to be. It is knowledge acquired for which you receive a diploma, and the skill of your hands which is certified by your teachers and directors. But I do not forget, nor do I want this assembly and yourselves to forget, that brains and fingers can be trained, but that there is one thing nobody can teach you, but which must be possessed and developed—that is the heart; that is feeling and sympathy with the suffering and powerless. You have heard, and the thoughtless will tell you, that the constant contact with the suffering, the continued beholding of the quiverings of pain, and the listening to the outcries of anguish render the heart obdurate and hard. But whoever, physician or nurse, is found hard after long contact with misery and suffering, has not *learned* to be so—they were always so. Your physicians or nurses who give way to, or feign, overwhelming feelings are unfit for their duties. Whatever you feel, to what de-

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gree you sympathize, that feeling and sympathy must not influence the performance of your duties. On the other hand, the nurse who feels indifference or displays levity after years of practice was always indifferent and coarse. She ought to have selected a trade, but not a profession. Treating and nursing the sick and suffering may be made either. Without culture of both heart and mind nursing is lowered into a vulgar business; with it, its humane character raises your work into a sacred calling, a blessed and blessing vocation, similar to that of the most sublime and, therefore, the most modest of all professions, the medical.

In this spirit I want you to enter upon your independent career. You will be able to render great services in more than one direction. Your skill and watchfulness will benefit the individual under your charge; your trained common sense and acquired knowledge will be able to teach the simple lessons of hygiene to a vast number of people. A single seed you plant may bear fruit a hundredfold. The hundreds of trained nurses now in practice ought to exert a lasting influence on the people at large, on their hygiene and that of their children, by conversational teaching. Thus, every one of you has a great duty to perform. Do not forget that after you have been blessed with great opportunities to learn, you have duties to fulfil to your fellows. Your possibilities to do so are vast without your overstepping the boundaries of your province and the limits of your capabilities. Do not forget that everyone of us is but a link in a chain. When I spoke of the public, the directors, the doctors, the officers, the nurses being the component parts of an institution, each one indispensable in his or her appropriate place, you will in a given case never overlook that you are nurses, but not doctors. I speak of an actual danger which lurks in your path, and I have seen many an otherwise useful woman foundering on the cliff of self-sufficient overestimation of her powers and responsibilities. As our good old genius, the poet-doctor Oliver Wendell Holmes, said of himself nearly half a century ago, I want you to bear in mind that your work and your mind must be "too serious for either humility

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or vanity." So I want you to step out into your independence without either humility or vanity, with the consciousness that you have powers to use and duties to perform. May that strong but modest feeling, may the enthusiasm for your vocation, the sympathy with the suffering, may the love of learning and of fulfilling the dictates of your conscience, never fail you, forevermore!



## ADDRESS BEFORE DIET KITCHEN ASSOCIATION

FOR the privilege of addressing you on this occasion I am indebted to the kind consideration of your President. She was aware, so am I, that from personal knowledge of the affairs of your Association very many of you would be more capable of speaking here than I am. That is why I believe she wanted me to make a few remarks from the point of view of an outsider who is interested in your purposes and at the same time knows something of the wants of the sick in general, and of the sick poor in particular.

Now, the means to restore the sick are various; some of them are indispensable, some, however, may be wanting without, in a certain class of cases, much harm. As a practitioner of medicine I may first mention medical aid, and medicine; next comes wholesome air, equally distant from the heat of the summer and the cold of the winter; rest in bed no matter whether in the mansion, in any home, private or tenement, or in the hospital; rest during convalescence, so that the organism may become fully restored to its normal working power; and finally, an ample amount of wholesome food adapted to the varying conditions of the illness or of convalescence. Some of these requirements may be lacking, and still in individual cases no harm will be done. Nobody knows better than the observing physician, that many diseases run a full and favorable course without either doctor or drugs. To decide, however, which they are, takes the knowledge and experience of the physician, that means of one who is more than merely a medical man with a diploma in his pocket. For if there is any field of human knowledge, or any danger to human limb and life in which dilettanteism is both ludicrous and detrimental it is medicine and medical practice. Still, it remains true that many patients get

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well without either doctor or drugs. But there are none that live or thrive without rest, and without food, particularly food of the proper kind and in proper quantities. It is also true that still more is required to accomplish the restoration of health. For instance, amongst the well to do many a thousand of lives have been saved by trained nursing which is gladly paid for; and amongst the poor untold good has been done, and untold blessings have been bestowed, by the nurses of the College Settlements and of the Ethical Culture Society, of the Kings Daughters, the Salvation Army and the United Charities Tenement Relief, and of churches.

If I mention all this it is to show how many are the fields in which the well disposed and well to do, the human and altruistic persons of all classes, may contribute to a common end, that end being the alleviation of suffering, of the pangs of hunger, and the restoration to health, without which the rich cannot enjoy and the poor cannot work.

After all it is food which is the most urgent and indispensable requirement for the restoration of health; that is what your Association has recognized from the first; on that knowledge it has acted. To what extent it succeeded in so doing you know from former reports and from to-day's communications. All the means at your disposal you have spent in that one line, appreciating that to accomplish one end thoroughly, outweighs by far the attempts at doing too many things incompletely. It is, however, too true, that completeness cannot be attained in anything human, and you could not cover the entire field. Thus it has happened that a gentleman who for years has made it his object to supply healthy milk and milk foods at or below cost, has as his annual more than 300 coupon books show, spent 36,000 quarts of milk gratis, annually. Likely you are glad of having such competition. Still, to say that all this exhausts the demand, would be self-deception. Our much eulogized prosperity, temporary and deceptive, leaves still more misery, vice, hunger, want, ill-health than the far-away millenium, if there be such an era, will deem possible. The ladies of this Association, however, like everybody that is benevolent and

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active in the interest of the many indigent and dependent, have the assurance that if they cannot procure a millennium, they have contributed to the welfare, and the recovery of many thousands these nearly thirty years. The sick poor, the medical profession, the community owe them sincere thanks; and their consciences should tell them they have worked in a good cause, and with much success.

Mrs. President, the object of your Association has always been and is the relief of the destitute sick by the preparation and distribution of suitable food and otherwise. This "otherwise" is perhaps best explained by the list of donations credited to the benevolent in your report. The "distribution of food" in the year 1898 refers to 110,000 quarts of milk, that cost you \$1820.22, 10,000 pounds of rice, 9000 pounds of oatmeal and 900 quarts of beef tea which were given out from the four headquarters.

Now, ladies, this annual reunion of yours is not exclusively for well-deserved self-congratulation upon what you have accomplished, but I take it for the consideration of the possibility of adding to your usefulness also. Let me imagine for a few moments this is not a solemn annual meeting but a committee of the whole in which a discussion of a special topic is admissible. Now, I learned in the Northwestern Kitchen that on the recommendation of a dispensary physician each applicant receives daily a quart of milk and either rice or bread. It is expected that only the really poor are so benefited and that none of the many ludicrous and criminal abuses of medical charities, which are actual and not at all imaginary, creep in here. These foods are given out during four hours every day except Sundays; on Saturdays a double portion is given, so that down to Monday morning, winter or summer, the milk has to take care of itself. Those poor have no refrigerators. Further comment is unnecessary. That system should be improved upon. If for this or other purposes there is no money, you must obtain more somehow or other. Lack of funds is no reason why the poor sick should have rancid milk.

The milk is given out at the rate of a quart a day. That is a dose for an infant of from one to two years,

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but surely not for an adult. As an addition, however, to what the family may have besides, that quart is valuable. I was told that nothing beyond that quart is given. You require more money to supply larger quantities in appropriate cases. There are many, very many of them. There are even people dying of starvation in this city of riches. Look for the money, there is plenty of it in New York, and you will get it from those who have it if you choose to be the missionaries in your holy cause. Your China, your East Indies, your Luzon, your Syria missions are here, near your own doors, under your windows.

Permit a few more words. Your stock of edibles should have more variety. Very little money is required for *that* purpose. Fortunately, the food for the sick is simpler than that of the greedy well. In most diseases the very simplest things only are digested; milk, farinaceous foods, (wheat, rice, constarch, cereals, barley, oatmeal), and meat broths are about all that is required. Eggs are demanded in convalescence; they are mostly cheap. A man who has no cent, cannot buy salt; without salt nothing is digestible, nothing that contains starch, not an egg, no meat; even cow's milk should be salted. They should be amongst your stores; and the dispensary doctor should be requested to say what he wants and how much. He should also indicate whether the milk you furnish be raw or boiled or sterilized. In rare cases only will he want raw milk, and only in the winter. As a rule your milk should undergo a short process of sterilization, or should be boiled once and the direction given to the messenger that before being used the milk should be brought to a boiling point again. It is hoped there is coal at home, or the seven-year-old boy is successful in gathering splinters. These are things as vital as they are cheap. They cost nothing at all.

Some more things should be in your stores, sugar, tea and coffee. The latter are no luxuries, they are vascular stimulants, and many a poor, withering, breathless waif may be restored by them. The doctor may tell on his slip whether he wants them. These things are not expensive but invaluable.

REMARKS AT THE SEMI-CENTENNIAL AN-  
NIVERSARY OF THE PHILADELPHIA  
COUNTY MEDICAL SOCIETY,  
JANUARY 16, 1899

THE five minutes allotted to me for a response to the toast on the Common Interests of Medical Societies suffice for little more than a fragmentary enumeration. It seems to me that the first community of interests of medical societies is best proven by the presence of strangers (if strangers we be) who have come to join you in mutual felicitations.

These are justified by what you have accomplished in fifty years, and by the fortunate circumstances under which all of us have been permitted to work. All of us, young or old, are the disciples of modern medicine, and the participants in the medical mellenium, as far as that has been reached. Is there such an era? If it exist, it should show itself both in the scientific and in the ethical standing of the profession. Do not be surprised when I express the opinion that it has begun. The last fifty years—the exact period of the life of your society—created Darwinism, the doctrine of the conservation of energy, and cellular physiology and pathology. Thus for all times a sound basis was obtained for the science of medicine as a part of biology, which is founded on experimentation and on such observations as can be obtained by trained and armed senses. During the latter part of this period experimental pharmacotherapy, including cero- and organo-therapy was cultivated, and new roads thereby opened for reaching the legitimate end of all medicine, viz., the prevention and cure of disease. That is how science amongst men was made subservient to human interests.

That does not, however, mean that we have reason to

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be proud of the extent of our knowledge. Indeed we are just entering the gates from which the light can dimly be seen. But the method of research has been conquered for all times. We never shall know all. Indeed, it is better we should not. Lessing said that if he were offered either perfect knowledge or ambition to work for it, he would choose the latter. That is where a common interest lies for all medical men, and for all societies composed of medical men:

Medical societies are of different types and compositions, and have different aims. There are special medical societies founded by and consisting of men whose scientific and practical aim is the elaboration of special scientific problems. To them general medicine is indebted for its rapid progress in many fields.

There are County and State societies, there is a comprehensive National Association. They combine scientific work with the politics of the profession; that is legitimate in this country of ours, in which the profession developed similarly to the nation, mostly unaided by a centralizing government, on a true democratic basis. There are academies whose tendency is to favor the study of medicine as a whole and to form a link between, and to assimilate, the best special results obtained in their own midst or by the profession at large. Of this class the most ideal example to my mind is our American Congress of Physicians and Surgeons, composed as it is of fourteen national special organizations which represent in one grand triennial council the unity of all the apparently *disjecta membra* of American medicine.

It is in the common interest of all these medical societies to have good and proficient members, and many of them, and thus worthily to represent the profession. It is their common interest that there should be in the profession no man or woman, ever so lowly, ever so idolent—there is no greater curse in any profession or community than self-sufficient indolence—who should not be induced to join, and by so joining be raised above their former average, and to participate in common work, common interests, and a common ideal. That ideal is to contribute to the eleva-

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tion of medicine both as a profession and as a humanizing factor in the evolution of mankind.

The common interest of the profession as represented in medical societies is broader, however, than the regard for its present members. Man is mortal; mankind is eternal. Our fathers worked that we might live. On their shoulders we rose to enjoy a wider horizon than that which great men like Rush, Physick, Dorsey, McClellan, Gibson, Gilbert, Mütter, Barton, Dewees, Meigs or Hodge were able to scan. What they did for us it is the common interest of the profession that we should do for our successors—the students of to-day and of coming years. Indeed, we *are* doing it. It is the rank and file of the profession that has improved medical education. I know of many schools in many States in which the profession, as represented in the medical societies, had to overcome the reluctance and enmity of over-careful, or timid, or uninformed, or mercenary college faculties. In my own State it was the profession that worked against obstacles of many kinds fully twenty years before a State examination and an entrance examination became the laws of the land. Thus it is always. The enlightened, progressive and democratic masses correct the mistakes or combat the indolence or the selfishness of established powers. That is why we should not despair either on account of the slowness of progress, or of an occasional retrogression in the affairs both of the profession and the nation.

The common interests of medical societies, as exhibited in their efforts to improve medical education on behalf of the profession, of the Commonwealth and its own, should carry them further. The means of instruction should be increased—laboratories, museums, and libraries—not in numbers, but in quality. Small schools with no means and none in view cannot teach modern medicine on modern methods. Let them disappear. The plebeian interests of self-installed teachers do not count when compared with the urgent ones of the people and the noble ones of the profession. Let schools in large cities combine. One grand medical institution with ample means should take the place of four, six, or twelve dime shows

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in a single city. Such ludicrous expansion debases, be it practiced by advertising or short-sighted practitioners, or by short-sighted or selfish politicians. Besides, I do not believe, with all due respect to my peers, that there is a single town in the United States that can afford to furnish hundreds of men capable both of teaching and of advancing medicine as it should be done, though they assume their professional title themselves, or pay for it in hard cash. It is common interest that a medical school should affiliate with a university. The contact of the medical with other faculties, of previously well-schooled and trained medical students with those of the classics, of the natural sciences, of biology and anthropology, and of history will prevent them from growing up as narrow artisans, and may contribute to giving them the ambition and the culture of broad men, such as our republic is so sadly in need of. That is a condition so marvellously furnished by an occasional university of the West—let me mention Ann Arbor—or the great—shall I say post-graduate?—university of the East, Johns Hopkins. At last, not least, let me allude to the lack of bedside clinical instruction in almost every one of our great medical schools. Though you increase your curriculum to five or to ten years, unless there be hospitals connected with and controlled or owned by the university or school, there can be no efficient clinical teaching and no actual preparation for the responsibilities of practical medicine. The array of hospitals announced in the annual circulars are mostly as many promises to pay, which cannot be fulfilled. Medical students are not angels, and have no wings to cover great distances to gather instruction from the nests of knowledge distributed over the endless miles of our large cities.

Medical societies can do a great deal, and should exert all their influence in securing greater facilities for the education of coming generations. It is their common interest. But information is not all that makes a professional gentleman and a liberal profession. "Though I speak with the tongue of men and of angels, and have not charity, I am become as sounding brass or a tinkling cymbal. And though I have the gift of prophecy and understand all

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mysteries, and all knowledge, and have not charity, I am nothing."

The "charity," the very soul of the profession, is its ethics. It is not controlled by regulations that can be taught on the platform or learned by heart, or enforced like the criminal law of the land. Indeed, no amount of instruction makes the gentleman. A brain does not warm the heart merely because it is as sharp as a blade. The meretricious tendency of the time, and the financial success of smooth-tongued and grasping rogues out of and in the profession whom the penal code cannot reach, are a sore temptation for the young. The immature plunging into a specialty, and doubtful practices, from slight shrugging of the shoulder to calculating aggressiveness, are not amongst unheard-of occurrences. It is the common interest of all the members of societies, particularly of the large ones, with "general medicine" inscribed on their flags, and it is the privilege of all the fellows of all the societies to be examples of ethical behavior in their relations, both to each other, old and young, and to the public. Examples tell better than written rules which are but seldom enforced, for we are all learning through the gates of our souls as well as those of our senses. As the bacilli and protozoa in the air that we inhale spread physical disease; as mountain or ocean ozone disinfects and stimulates, so it is the atmosphere of vice that creates vice, of virtue that spreads virtue. If medical science and practice are to become what they should be, viz., the protectors of the health of the people, and the advisers in regard to its best interests—sanitary, educational and moral—we should, by our examples, try to stem the invasion into the profession, worse than any microbic infection, of the mercenary egotism of modern commercialism. Here it is that lie the most sacred common interests of medical societies.



## SPEECH AT THE OPENING OF A NEW WING FOR PAY PATIENTS AT THE GER- MAN HOSPITAL, 1901

ONCE more we stand before an accomplished fact. On the spot where there was an empty space there rises now an imposing structure, devoted to well-known purposes. We do not see anything of the preparations and difficulties; the friendly great hall, the comfortable rooms, no longer permit us to recognize the substructure of plans, worries and troubles. Thus it ought to be with all things. The appreciation of the present is possible only when its evolution is known. We are too much accustomed to enjoy the present, to look forward, without understanding, towards the future, but to devote neither recollection nor appreciation to the past. Still, the history of the German Hospital and German care for the sick in New York is very instructive. Starting from small beginnings, the needs of the latter have continually increased in geometrical progression, and have made greater demands on philanthropy and the growing democratic public spirit.

Up to forty-four years ago, the care for the poor and sick Germans was entrusted to the German Society and the association of its physicians for the poor. At that time five German physicians founded a dispensary in Brooklyn, which rendered appreciable services for years. About the same period, three German physicians in New York, two of whom were Jos. Kammerer and Schilling, conceived the plan of a German dispensary in New York. They tried to find a neutral ground in order to avoid any friction, which is said to occur occasionally even between physicians, especially when they are gathered in numbers, and thought they might find it in the Association of the Physicians for the Poor of the German Society. The lat-

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ter was not ready then to undertake this work, and the doctors had to rely on the generosity of private citizens. The statutes of the German Dispensary were adopted January 19th, 1857, and the institution was opened in 132 Canal Street on the 28th of May, 1857, with Ferdinand Karsh as lay president. It was removed to No. 8 Third Street in 1863, later to St. Mark's Place, and in 1884, after a magnificent donation of Mrs. Anna Ottendorfer, to No. 135 Second Avenue. The year 1858 brought us 4867 patients; 1866, 11,472; 1881, 23,637; 1893, 30,050. The need of dispensary work, however, was not recognized by the patients alone, but also by the German Society, which founded an institution of its own. This, however, was closed a few years later. Later on, one of those American follies occurred, namely, a favorable committee report in the Legislature of 1876 allowed to some German gentlemen with brass, pull and push, who had given a promise to found a German dispensary, \$4000. They were paid, in due time, and—"Horse and rider were not seen again." You will be astonished, I suppose, when I tell you that this happened at a time when our institutions, the Hospital and Dispensary, were in dire need. Then, at last, there came forth, a dozen years later, the German Polyclinic as another vigorous friend of the indigent German public.

Our Hospital charter was acquired April 13, 1861. The administration was organized February 15, 1862. On the 28th day of October, 1868, the new hospital was given over to the Board of Directors. Its assets were empty wards, a deficiency of \$2000 for fitting up and \$44,015 bona fide debts. A strong friend showed up in the person of Mr. K. E. Miring, who collected \$11,015.40 for furniture and caused the establishment of ten free beds. Thus the institution was opened October 13, 1869, without assets, unless you would classify as such an indebtedness for \$20,000. Instead of the four great wings, however, which Dr. Ernst Krackowizer had planned, only one had been built; but four building lots which were owned by us in 76th Street had to be sold for \$25,800. The need was great, but help was near in the shape of a dona-

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tion of \$50,000 given to the Hospital by Friedrich von Diergardt, in Viersen, in memory of his deceased father. Thus the immediate wants were met and the existence of the Hospital assured to a certain degree, but the expenses of maintenance were considerable. Other drawbacks occurred. In a survey of the history of the German Hospital and Dispensary, published by the Board of Directors in 1894, we read as follows: "About that time not only poverty was undermining the welfare of our institution, but even the elements seemed to be in conspiracy against us. The surroundings were unsanitary; the streets had been laid out, but the great depressions between the blocks were not filled up nor drained. As many blocks, as many lakes of dirty water, or settlements of dirty people, with their animal company. Intermittent fever and similar diseases took their abode in the Hospital; the sick recovered with greater difficulty; the half-well caught new diseases, the healthy became sick. These conditions lasted until, finally, the Island was completely drained towards the East Side." The distressing circumstances of the institution did not stimulate liberality. Our misery was charged against us as our fault, and many refused their contributions, as useless. Likewise, the number of patients diminished. It dropped from 769 in 1872 to 483 in 1876, and thence steadily increased to 1900, when 3352 patients were taken care of.

It is but just to state that neither the physicians nor the trustees were discouraged. In 1875 a new pavilion was erected, which, it is to be hoped, will be named Krackowizer Pavilion for all time to come. Doctor Krackowizer ought to live in the memory of posterity forever as the most energetic representative of the Hospital idea. After he had closed his eyes, on the 23d day of September, 1875, the grave closed over one of the greatest Germans this country ever harbored. Truly he was what he was called in his necrologue: the mature man and clear-headed politician, the great physician and daring surgeon, the true friend and jovial companion, the indulgent comrade and iron character, a man as firm in his principles, as great in knowledge and skill, the knight without fear

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and without reproach. His cloak has fallen on the shoulders of no single person. But his influence was powerful and lasting with all who were fortunate enough to learn and work under and with him.

But only from the year 1879 the united institutions, Dispensary and Hospital, were allowed to look with care-free eyes into the future. The efforts of the Women's Auxiliary Societies, the Christmas Bazaar, special collections, the contributions of Adolph Menendorff, Hotop, Etelka Gerster, Geistinger, Herrmann and Amberg, Josseff, the persistent and useful activities of the Arion, the Liederkrantz, the Plattdütsche Volksfestverein, legacies which, year after year, bore testimony for the interest of the Germans and, in single instances, of natives, and amounted to \$90,000 up to 1880; the rich proceeds of the Fair of the year 1889, which brought \$110,000, facilitated the services of the Hospital, which were sought by an ever-increasing number of persons asking for assistance. In the year 1882 Frau Anna Ottendorfer built the Women's Pavilion, and in 1884 the New Dispensary in Second Avenue. The Board of Directors were able to erect gradually a morgue, isolating rooms, a summer pavilion and a central building, with operating rooms, that satisfy the claims of modern surgery; physicians and laymen worked in harmony for the solution of the problems which is at the same time an honor and a duty for the Germans of New York. The demands for expert, non-medical nursing were not forgotten; after the school for nurses had been in existence for several years, at last, in 1893, the new building for the same was erected.

These are great achievements. I have mentioned societies and persons, living and dead, that have made them possible. They prove the power of an idea which will succeed in spite of all difficulties. However, it would be a mistake not to remember that, in the end, it is not the great sums that serve the success of an institution like ours. I know more than one institution in this city which, though originally endowed with millions, still is in need, in need of money, in need of sympathy of the great masses. A few overpowering names do not decide a political elec-

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tion, and the fate of the city or the country; in the same way the weight of the votes of the thousands which singly appear unimportant and irrelevant determines the prosperity of an institution like ours. It is built in the interest of the big man, the small man, the entire male and female population. The moderate contributions of hundreds and thousands form the capital by means of which assistance may be offered and sufferings mitigated. Then only the German Hospital will be placed on solid ground, when the annual contributions will be sufficient for the annual needs and all the great donations and legacies will be invested as capital. Every man and every woman can contribute towards this end; then you will not only help to accomplish the special purposes of the institution, but also prove and promote a great advance in the ethical consciousness of the community.

The new building which you see finished before you is intended, as we know, for the use of patients who are able to pay. However, it promises to accomplish more. Such patients have been attended to in the old wings of the building in smaller number than will be possible hereafter. The localities in question will be made useful for the poorer and poor sick in future. In this way all classes of those in need of assistance will be taken care of in like manner and the resources of the Hospital made equally accessible to all.

And the resources of a modern hospital? It will do no harm to give a short description of them to the ladies and gentlemen present. Opportunities like this do not frequently offer themselves; it is, as you know, not every year that a new structure is erected for the healing of the sick, at the dedication of which those concerned, as well as those not concerned, are accessible to observations of a medicinal or even therapeutic tendency. For, as long as the single man or woman of the public is not sick him- or herself, medical assistance is not particularly appreciated, as little as a rich meal by him who has no appetite. People are prone to remember, then, what the physicians like to tell one another and others, that most diseases possess a tendency towards spontaneous healing, and

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that, at the bottom, physicians have an easy job, if only they have knowledge and intelligence enough to leave the patient alone and bring him into favorable environment, until he or she has recovered. But intelligence and knowledge, as it is, are of good service for this purpose, especially if they go together, which is not always the case, even with patients. In his not particularly exceptional case, the doctor and his manifold remedies is an acceptable factor anyhow, to supervise and direct the recovery which may in all probability be expected. You, ladies and gentlemen, are lying in your warm bed, in a well-aired room, with proper food, prepared by your cook, brought by your servant to your sick-room, and served by a well-trained nurse, while, at the same time, the governess or maid keeps the dear but noisy little ones out of hearing. But what when the mother is maid, governess, cook, servant, nurse and patient all in one person? or if the husband is sick, and the woman with all those useful and honorary offices has become an invalid, from worry, night-watches and insufficient nourishment? This is what you must think of, and ask for the numerous cases of this kind in our wards. Under these conditions an originally light case becomes a hard one, and then is not only in need of care, but also of cure, like any disease which was severe and dangerous from the beginning. And how is the cure brought about, no matter what the nature of the sickness? and what place does the Hospital hold in the diagnosis and cure of the sickness? Cure presupposes in the first case an exact recognition of the morbid process in the shorest time possible. There was a time, only in the last century, when people, even we physicians, were satisfied to be told there is a paralysis, or a convulsion, or dropsy. The sources of the evil were not investigated, and, of course, the right way was rarely found. Later, about the middle of the last century, the diagnoses were pneumonia, palpitation of the heart, inflammation of the bowels, typhoid fever, without ascertaining in what manner and on what spot of the lungs, of the pleura, of the heart, the pericardium, of the different parts of the abdomen, the dangerous sickness was at work. Abscess in the

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chest, hydrocardia, dilatation of the gall-bladder, appendicitis, were covered by the general name and buried in the common grave, dug by ignorance and unpreparedness. It is said, by the way, that the middle of the last century has not been outgrown by many to-day. To this must be added the rapid increase of special knowledge in certain fields which cannot be mastered by any mortal to their full extent. But now we have another Hospital, being abreast of the times. Most, or all, special branches are represented within its walls; for each essential branch at least one expert is there, for most of them, several. Just imagine an unconscious patient in convulsions, without history, without information but that which must be furnished by the results of decades of research of the medical world, and the quiet, unassuming brain-work of the physician. The sooner the diagnosis can be made the greater are the prospects to save the life. The brain-symptoms, recognizable by external signs on limbs, face, pupils, must quickly be observed. There is probably need for a rapid and exact examination of the secretions of the kidneys, the lungs, perhaps the bowels, and of the blood. Possibly it is a case of pernicious intermittent fever, which must be recognized on the spot if it is not to end mortally; or an acute case of Bright's disease. Imagine such cases to occur in a tenement house, the open field, a palace. The physician is sent for, he calls perhaps a consultation, perhaps not, and time is lost—everything is lost, except the necrologue in the newspapers. In the Hospital you have the means immediately on hand for all these examinations and consultations. There is the laboratory, the microscope is in place, coloring materials ready for use. An expert for exact examination is always ready. The physician is at the bedside, the assistant in the laboratory, the eye-specialist, the nerve-specialist is easily brought to the spot, much easier and quicker than in private practice; the pharmacy is in the house, the labor handy, electrical apparatus to be had in a minute, and male and female nurses in any number, without messengers, telegrams, telephones, running back and forth, consultations, as many and as often as desired, without excitement and hastiness.

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Ladies and gentlemen, this is daily experience. And this is offered by the Hospital to the poor and poorest.

Or, take a simpler case. There is a severe case of pneumonia. The patient grows blue, circulation is interrupted, the right heart is dilated, one hour more, perhaps, and the patient will stertorously breathe his last breath. In the tenement, the apartment house, the palace, the physician is quickly sent for, perhaps there is even an assistant or nurse, but no advice nor help. The little oxygen in the tube will not be sufficient. Perhaps a bleeding, but quick and profuse. But it will not be made; or, perhaps, some large doses of heart stimulants, for which a young doctor will not have the courage and of which the nurse does not necessarily know anything. How is all this in the Hospital? Somebody is there who has knowledge to judge and courage to apply it, and always experts to watch the effects of the means used. This, ladies and gentlemen, is not exactly a daily, but not very rare experience. And this is offered by the Hospital to the poor and poorest. And it happens that with them, as with you, the dead and the rescued are followed, respectively, by wailing despair or grateful joy.

Or look at the operative cases; a case of strangulated hernia, of acute appendicitis, in which immediate operation perhaps is necessary, or it must be, at least, decided in consultation whether to operate or not to operate; or a chronic case, a tumor, for whose removal the time may be chosen. The Hospital furnishes an absolutely clean operating room, absolutely clean instruments, absolutely clean operators, assistants and nurses, and, therefore, the absolutely best results. This, ladies and gentlemen, is offered by the Hospital, the German Hospital, to its patients, the poor and the poorest.

The knowledge of all this was spread rapidly amongst the people. The fear of the sick-house has been replaced by confidence. Likewise the wealthy have learned to look upon the Hospital as a refuge which offers more, at less expense, with a greater assurance of success, and a greater probability of a quicker cure than the best-appointed private residence. In regard to the procuring of these advan-

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tages, the wealthy, the ones able to pay, the rich, have been worse off heretofore than their poor fellow-citizens. But in order to offer to those miserable wealthy, placed at a disadvantage, the blessings which the poorest has enjoyed for some time, this new building has been erected. The advantage of democratic equality and fraternity cannot be better demonstrated.

And this new building and the old buildings, the whole Hospital, destined for the care and cure of the sick of all classes and callings, now is recommended to you, the public of this city, and to your philanthropic care and your energetic benevolence.



## SOME REMARKS ON THE PRACTICE OF MEDICINE AS A CAREER

MUCH has been said about our duties to other men, the community, the State, and mankind. Correctly so: I approve of every encouragement of beneficence and altruism. The physician was made for the people, like the public officer who exists for his office and its duties. But now the editor of the *Medical Record* wants to enlighten us, both young and old, particularly the former, on the methods of shaping a doctor's career, financial and other. The former might be described by some doctor who got wealthy on the proceeds of his practice. Of that class I have known very few whose lives and successes it is worth while to imitate; these few were peculiarly gifted, well informed, industrious, honorable, and favorably circumstanced. There are others who have obtained the financial results of the pretender and charlatan, who should, if it were possible, be read out of the profession. They follow the methods of the advertiser and shark. Altogether, however, wealthy doctors are scarce, that is, such as have succeeded in accumulating money out of their honest savings, not to speak of those who were rich before they realized the necessity of following their taste which guided them into the profession of medicine instead of landing them in Wall Street, or into business. How large or small the number of those is who, after having saved a little, lose it in Wall Street, I have no means of knowing. Those, however, of my young friends who have a tendency to submit to temptations may be informed that gambling is unprofitable, and "Wall Street" is a Danaid barrel.

What is a doctor's career? There are five thousand of us in New York, twenty-five times as many in our country. I know many of us are poor, many make a

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moderate living for themselves and their families, some accumulate a competency, very few are wealthy. Almost all of us are hard-working, and at least as intelligent as average people. The probability is that if we spent as much intelligent work and zeal in other directions we should score a greater pecuniary result. That is why we have reason to be proud of our calling which gives us more opportunity for useful or noble work than for gathering treasures. That earnest and thoughtful pride I have read on thousands of faces during my lifetime.

A doctor's career is not only that which is connected with the practice of his profession on the sick or ailing. His very position in his village or town, the respect he controls, the fame he conquers in his neighborhood, his county, State, or in the world, is a career dear to its possessor. It is not always true what I read in an old book, that the ancients tried to make medicine a science and failed, and the modern people tried to make it a trade and succeeded. Nor is it uniformly true that men and women look for the object of life in enjoyment. What does it mean, after all, to enjoy life? The egotism of many has often been self-sacrifice; to that class doctors are apt to belong. It is the "career" of thousands.

Most of us are engaged in practice. How did we succeed in gaining and holding the confidence of our patients? We are not equal in learning, skill, or character, in looks, or habits; and still you and I, and all, make a living. The best explanation is the fact that the public, our patients, are as different as we are. In our ranks we have the most astounding, and the queerest varieties of physical, moral, and intellectual features. Still, we all "get somewhere." A man with a minimum of knowledge which he uses more or less conscientiously, or the reverse, may be as successful in practice as you are. Still, that is no reason why you should envy his ignorance or his lack of conscience. Our ranks are filled with the young and the old. Some are good-looking, or ugly, or tall, or short. I know one whose rachitic legs would do honor to a neglected Irish lad, and who is very successful; and a short, kyphotic colleague who charms men and, what is

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still more important, women. Some are dancers, sports, golfers, horsemen, know bridge, are première theater visitors. Some talk philosophy, music, gossip with or without quotations, or describe operations in ladies' circles. Others frequent funerals and churches, and have the specialty of being called out. Some are serious, or boisterous, or jovial; bearded, clean-shaven, perfumed with cologne—not frequently—or tobacco, which is frequent. Some have finger nails manicured, some with mourning rings. They all have their adherents. Some talk in plain language, some are refined. Said the knowing one to the lady: "And how is the psyche of the baby?" "O, thank you, Professor, fine; quite regular every morning." Most have correct habits. I have known those, however, who owed large family practices to their spirituous capacities; "you could judge how bright they would be if only sober."

Fifty years ago I was declared to be "no German Doctor"—"Kein Deutscher Arzt"—because I did not join the second breakfast, the "Frühschoppen"; and my critics enjoyed confidence and lucrative practices.

Some succeed because they are optimistic; others because they are pessimistic in diagnosis and prognosis. There are those who become popular because they have their waiting-room crowded and their telephone in an uproar, not to speak of those who fill their place with shining and noisy tools and call themselves specialists. Some are loud and imperious; some whisper with obsequious servility. Some obtain practice because they have become married; there are those who rely on their bachelorship. I know one at least who told me smilingly that his large practice among rich people and mothers of families was due to his "being in the market."

As there are many roads that lead to Rome, so there are many modes, or methods, or characteristics, or peculiarities that gain favor in the eyes of the public. For me and you, the question is which of those I have outlined,—and the number of which every one of my readers could increase,—is the one we should select in our endeavor to be successful in our "career."

The partly sad, partly delightful ignorance of the pub-

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lie in regard to the estimation of the doctor's characteristics, knowledge, powers, or responsibilities renders his position quite difficult, mostly so because the dear public "knows it all," anyhow. In things beyond its ken it trusts its clergyman; in matters concerning property or legal rights it never questions the superiority of a lawyer; in things medical, however, your neighbor considers himself your equal, or better. That is why the doctor's "career," his success, and his standing are so frequently dependent on the ignorance and lack of judgment of his or somebody else's patients, or, as they flatter themselves, "patrons." That is why, on the other hand, very credulous people overrate your powers, and the powers of medical science and art, and suffer from the belief that a single prescription may relieve a lifelong sufferer of his ailments; but also why impossible things are expected of you. That is why you may be looked upon as a miracle worker and deified, or upbraided like a pickpocket, or scorned like a bad character. It is only fifty years ago that a woman made a tenement block lively by proclaiming me the murderer of her child. I was quite innocent; and a fortnight ago I received a letter in which a man told me that the information he received of my absence from the city was an untruth, and that if the question was one of money I was to inform him of my charges, so that he could consider whether it was worth his while to let me "inspect and diagnose his child."

So it appears that the peace of our mind and the shape of our career should after all depend on things quite different from the appraisal of those who cannot or do not care to judge. These things are: strict attendance to our work, conscientious fulfillment of our duties, improvement of our knowledge, and our methods, and consistency in our behavior. It is these that should shape our career.

What distinguishes a modern doctor from his predecessors more than anything else is diagnosis. The public has long begun to ask for it. Fifty years ago it was not demanded as it is to-day. The patient went to a doctor as he would to a Delphic oracle, took his dose, and was

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satisfied. Fortunately, that has changed, though it may be uncomfortable to have now and then to tell a patient that he has to wait a day or two before he can know accurately. Instantaneous diagnoses, those "by instinct" or "tact," are rare, should be rare, and are mostly the credulous beliefs of inferior pupils of superior masters. Such diagnoses belong to charlatans, not to conscientious doctors who think before they talk. Indeed, even ignorant people expect us to give them the time required for examination. The period of thirty patients an hour has passed, unless it be continued in our ill-regulated and unnecessarily overcrowded dispensaries, whose methods will not be improved until the race for annual numbers shall be stopped. I find that our patients understand the necessity of careful examination and do not object to undressing, to auscultation and percussion, and chemical tests. Our practice, our "career" improves with the reputation we establish for care and industry. It is particularly the first examination that I advise my younger friends to spend time on. Listen to—while directing—the tales of woe; inquire into heredity, habits, and temperament; make a urine analysis and an examination of every viscus. You save time in future examinations by being very accurate and painstaking in the first. If you cannot give the necessary time, then let him return. But do not be slovenly, and do not give the impression of slovenliness or inattention. Give your diagnosis, though you be not asked for it, as far as permissible. I mean by that, do not impair his health and comfort and destroy his hope by using the words *tabes*, *cancer*, or *consumption*. There are other terms with which he will connect less fear or despair. He comes to us for being improved or healed; by cheering when you cannot cure, you enhance innervation, improve digestion, facilitate sleep, and prolong life.

Make your own diagnosis. In regard to the employment of laboratories, the practitioner is either too generous or too indolent. The simplest examinations he has become habituated to refer to them. Urine examinations, which everybody may conduct personally in his own office, he leaves to one of the "laboratories" whose number has

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increased immoderately. Many of them are run on mere mercenary "principles." One of them was directed to examine a specimen of human milk, and when asked for the percentage of casein, mistaking it for cow's milk, coolly reported over the telephone, "4 per cent." A few days ago a colleague presented me with two "laboratory" reports of urine sent by two different men. The case was a very urgent and dangerous one—pulmonary edema, dropsy—the report spoke of a few pus cells, no symptoms of nephritis were mentioned; it contained, however, much pus, many granular casts, and pus casts. The doctor was imposed upon and excluded pyelonephritis from his diagnosis. The correct examination took a few minutes only. Instead of making his own tests, with no loss of time, he allowed himself to be misguided, and endangered the life of his patient. Simple examination of the blood should be made in every practitioner's office. The modern practice of delegating your duty has various results: Loss of time, uncertainty of diagnosis, the habit of accepting the diagnosis at the hands of men who are no physicians but sometimes meretricious tradesmen; it imposes unnecessary expense upon the patient, and undermines the respect and confidence of the public whom the doctor himself teaches to rely on the assumed superiority of an outsider. After all, however, the practitioner complains of the lack of that very confidence on the part of the public, and of his own loss of practice and standing.

The laboratory specialist is not the only one to whom we general practitioners give way too readily and sacrifice our own interests and those of our patients. The specialist has many advantages in modern practice. If he had not, his class would not be so numerous. Common experience should convince us that for many specialists it is not the eager search for profoundness that is the cause of their early, sometimes premature specialization. It is true they should be excused for many shortcomings for two reasons: Firstly, because they may be made of practical usefulness to your patients in case of necessity and may fill a real want; and, secondly, because they limit themselves to a sort of hermit life away from the richer existence of

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the progressive general practitioner, with his wider horizon and greater interests—which among the specialists only those enjoy who are prepared by unusual talents and exertions, by universal education, by continued study, and by previous general practice. I see no happiness or dignity in the condition of those who do not appear to know that in spite of a diploma they are no doctors. Still, some of them will act the parts of such. The general practitioner knows and complains that they invade “general practice,” but abstains from performing duties which, while claimed by the specialist, are his own duties and responsibilities. Not everything is adenoids that is claimed for operation. A chronic nasal catarrh or pharyngitis responds to mild irrigations and to a 1 or 2 per cent. silver nitrate application, at your hands as well as under specialistic care. An external ear catarrh can be treated with cleanliness, boric acid, resorcin, or bismuth subgallate. An occasional puncture of the drum membrane does not require unusual skill. A urethral stricture not amenable to your own bougies and to your own cocaine is rare. An “appendicitis” need not always push the doctor aside and clamor for a specialist. A chronic parametritis responds to your iodine and warm applications and rest as well as under the treatment of your neighbor. Your bandage will relieve an enteroptosis like that of the stomach specialist. A child’s eczema or a zoster requires no erudition or skill not accessible to you but to the dermatologist only. If that be so, or rather, as that is so, my good brother practitioner, why do you not do those things yourself? If you refuse, do not complain of hard times and popular disrespect, and of the impression gaining ground that genuine doctors are scarce or useless, except for serving as the agents of a specialist, either self-advertising or legitimate.

I could go on telling what in my opinion the general practitioner should be able and willing to do for his patients. My city friends forget what our country brethren do when called upon to perform tracheotomy, or herniotomy, or paracentesis. They know the use of soap and carbolic acid, and corrosive sublimate, and boiling water,

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and clean finger nails as well as city folks. The modern country doctor is as modern as the modern city doctor; sometimes more so. His career is what it always was, just as broad, only more effective, with less apparatus and less paraphernalia.

Success and career for the young doctor (not only for him) depend a great deal on his prognosis, which is guided by his diagnosis and his humanity. A bad prognosis given to the patient himself makes him worse and may be the cause of your discharge; and hopelessness on the part of the family may create disorder in the sickroom. Moreover, things are not always so incurable as they were formerly; besides, the diagnosis may be faulty or incomplete. Some instances of the kind I have tried to detail in the "Modern Hippocrates" (see volume VI, p. 189). Experience in regard to dealing with the sick and his attendants will grow with time. Those will make the least mistakes who know most and have a warm heart. Optimism dictated by it, and bridled by knowledge, will prove preferable to the pessimism of the man who is easily frightened. I do not speak of those who are pessimistic on purpose with the idea of impressing the patient with the pretended gravity of his case and the extraordinary power of the doctor over life and death. There are doctors and doctors; some are physicians, some medical tradesmen.

When I was requested to write a few remarks on medicine as a career, I thought of the general practitioners as my audience. They form the vast majority of those who are counted in our catalogues and registers and those on whom at the present time the health of the people does, or ought to, depend. Of careers in medicine I excluded those who do our research work, and the great specialists and famous teachers of all classes who make those of us who practice at the sick-beds of the nation more erudite, richer in methods, more efficient—in fact, better doctors. In that they have succeeded to a great extent. With modern methods the opportunities of the doctor improve, and the young doctor matures in knowledge at an earlier age than formerly. I believe that when Zimmerman claimed the thirtieth year as the period in which

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a man should be a perfect doctor if he ever were to be one, he was mistaken, for that was one hundred and thirty years ago. But the young men of our times, taught more and better than their predecessors, even in our America with its defective clinical (bedside) instruction—should be competent physicians before turning gray or bald. With improved facilities of diagnosis, and the results of pharmacologic experimentation and better methods of observation, aided by instruments of precision, therapy has become more efficient. Physical remedies, such as cold and heat, compressed and rarefied air, electricity, water, massage and climate, are being more utilized than formerly. To say that they have “come to the front” is a pet expression which means a great deal to one, less to the other. They too have their fashions and are subject to changes. But what we have learned in connection with that subject is, among other things, that much can be done with very little. Those who never opened a window before they were compelled to do so, change their “climate” at home quite suddenly. Those who could not afford to go to Carlsbad or Marienbad may learn that Saratoga, provided they do not overeat in a five-dollar “American plan” hotel, or sulphate of sodium at home with regulated diet, prove first-class “spas.” Massage need not be the mysterious remedy which it is made out to be by the “professionals,” who succeed in giving one of your patients a powerful relapse of an old peritonitis, and keep the other as legitimate spoils. The hot air specialist may be substituted by a simple domestic apparatus, unless you prefer that your patient whom you sent for a merely local application of heat is impressively massaged and douched, and sweated, bathed by the man who “understands his business,” and never returns your patient, who is solemnly told he has been poisoned with drugs.

And drugs? When we are told gravely that no drug “should be given unless necessary” we agree, but we may be permitted to ask “necessary” to whom—the patient, the druggist, or the doctor? If to the patient, give drugs by all means as long as there is an indication for them. If you are told you must not give a “placebo,”

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you will have a right to ask what that means. We are told that suggestion is permissible and proper in instances. A "placebo" may mean a great deal for a patient when a mild remedy is wanted—either domestic or one that is prepared by the druggist. You are aware that we have learned to treat an individual man with his ailment, and longings, and prejudices—not the technical name of the ailment. Leave the decision as to medicines, or no medicines, or placebos to the practitioner who knows man, and his sick individual man; and woman, too. There are many diseases which are not cured by medicine but which give way to the doctor. He may be fortified or not, as the case may be, by a mild drug for which there is an indication of some kind; or by rest in or out of bed, and change of diet, or climate. At the present rate, however, at which we practitioners abstain from doing our own work, our whole work, and leave the principal parts of treatment to menial substitutes, our "career" is that of digging of our own graves.

## ADDRESS AT ANNUAL MEETING OF ORTHOPEDIC HOSPITAL AND DISPENSARY

WHEN many years ago I first approached this building I scanned its walls for an inscription. With my physical eyes I did not see any, but on every stone that helped to form its shelter, on every plate of glass that admitted light into it, my mind's eyes read the words that have often since warmed your hearts and shed a glow over thousands of pallid cheeks: "Suffer little children to come to me." They have come to you, they are still coming. They are made welcome alike by medical men, by laymen, by men, by women. Under this roof the sufferers and the healers, the hungry and those that feed them, assemble for the realization of the teachings of churches, of morals, of humanitarianism, of a sound democracy. They all teach: make thyself responsible for thy neighbor.

Institutions like this one of yours cannot help doing good. When intelligence and good will co-operate, the result cannot but be happy. When guided by knowledge and experience, haphazard benevolence becomes enlightened and practical. That is why your institution in which wealth, good will, intelligence and energy labor for the same goal, must thrive; the more so when the community is aware of the fact that all those factors are sure to be guided by knowledge and experience. Now if there is a field in which dilettanteism is uncalled for, it is what is represented here, that is, modern medicine, to which the commonwealth is more than ever ready to turn for advice and guidance. That is why I sometimes thought that even your annual invitations would be still more impressive than they prove to be, if your medical names, many of whom enjoy international renown and honors, were mentioned in addition to all those of yours that adorn society, strengthen commerce and give lustre to the City of New York.

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All those factors are required to make a large and influential institution successful.

We are often told that amongst the hundreds of hospitals and dispensaries of this city and its neighborhood many could be spared; that a mixture of altruistic sentimentality, perhaps even sentiment, with vanity, ambition and lack of knowledge, is the origin of many of them; and that some are sources of demoralization of their lay and medical officers and of pauperization of their patients, and were better discontinued. By my experience in many public institutions of some kind or another extending over nearly half a century I am prepared to believe that those reproaches are sometimes justified. But the class of patients *you* receive in *this* hospital and dispensary admit of no fear of deceit, nor their necessities of any doubt. Their looks, their lameness, their limping, and their crutches betray them. Their ailments are of long duration, their convalescence is slow, the expense connected with every one of them, for nursing, feeding, and healing, is great beyond the means of a family, one, two, or more members of which are engaged in bread winning. You receive them in this place always with the attempt at and often with the result of, making healthy, able and self-sustaining citizens out of the incompetent and crippled. As every one that is sick or crippled is a drain upon private, municipal or national wealth, so every healthy person is an addition to it. Now this is one of the institutions that cannot possibly either demoralize or pauperize its patients. It should be larger and richer, and there should be many like it in a community which has millions of inhabitants, hundreds of millionaires who can afford to give, and hundreds of thousands of people old and young who like the rest of the population, though in the most different ways, add to its riches and comfort. Many of these become disqualified. Unfortunately we live, and shall live for some time, in an era of transition. Our increasing industries, which form part of our modern civilization, are making physical and intellectual cripples and wrecks for us by the thousands. The children of six years or over who are not protected by the laws of many

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of our States against being forced into the mines and factories of Pennsylvania, the Carolinas, Georgia and Alabama have no voices loud enough to reach the heavens, nor fists hard enough to hurt the slayers, but their disabled limbs fill institutions like this or should find relief in those like it, not to speak of those, if they ever reach that time of life, whose perverted morals and dimmed intellects sweep them into prison cells. What you, and those who follow your example in other parts, are doing with well-directed efforts, is not only to relieve the effects of accidents, of arrests of development, of infectious diseases, but also to counterbalance the frightful influence of the heartlessness of industries and the callousness of lawgivers. By so doing you prove that there *are* corporations that *have* souls, and hearts, and whose members are working in the interest of the commonwealth by aiding in securing healthy and able citizens.

The good wishes I entertain for this your institution are easily told. While hitherto it could not help being useful, it will henceforth go on in equable development; and I trust it will prove worthy of the history of orthopedics in this and other countries. Its science and art are not old. It is little more than a century that tendons were cut for the straightening of limbs. It was about that time that our famous John Hunter tore his Achilles tendon while dancing—a warning example that, it is true, nobody cared to heed since, but an instructive one, for his numberless pupils and admirers in all lands learned by his mishap that torn tendons *will* heal even in the legs of pathologists.

In the year 1831 the German Stromeyer cut the same tendon to heal clubfoot; a few years afterwards Dieffenbach the muscles of the eye to relieve squinting. Both were successful. They were followed by the Frenchman Jules Guerin, who tried to cure the lateral curvature of the spine by cutting a dozen muscles, and was as unsuccessful as he deserved. His countrymen Delpech, and Bonnet with his extension apparatuses, in Italy Scarpa, in America, Davis, Taylor, Bauer, Sayre, and Phelps—I mention only some of those who left us—added to our

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knowledge and usefulness by the invention of bloody and bloodless operations and manœuvres, and of apparatuses. But orthopedics was not without its dissipations and fads. In imitation of Heister, the great German surgeon who two hundred years ago tried to straighten by force the diseased and curved spine in Pott's disease, a young Frenchman of our days, used and still uses force for the same purpose. I have been told that my criticism, according to which that procedure does not belong before the forum of doctors, but should be judged by criminal courts, was not received with favor. Meanwhile, in the German-speaking countries bloodless procedures became more and more popular, as well operations, as extensions, and massage. Many decades ago the mechanical part of orthopedics was successfully improved by J. G. Heine in Wurzburg, and at present by Hessing in Mannheim.' Amongst the medical teachers there are mainly two with whose names we are best acquainted, Hoffa in Wurzburg, who honored us with a visit about ten years ago, and Lorenz of Vienna, who requires no introduction to an American audience. His name has become a household word amongst us. Vivat, floreat, crescat.

The same wish I express for the present and future of American orthopedics, which has the good fortune of counting amongst its workers many of the brightest minds and most dexterous hands of the profession. It has much to build upon, much that came from the old countries—science is never old, always young—much that we developed here. We are in every way an eclectic people, with both a receptive and an inventive turn of mind. Nothing was too severe in Puritanism, too radical in French Encyclopædism, too liberal in the English revolution, too strenuous in the formidable French upheaval, that we did not utilize and render practical in our *political* history. Science and practice we gather from any corner of the globe, and acclimatize and develop it.

In the relations of man to man, however, more is required than historical influence, or science and art. Knowledge and philosophy by themselves are cold; to become fructified they demand warm human hearts. Yours have

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taught you altruism, and the necessities of the helpless and indigent have preached practical benevolence. Only see to it, ladies and gentlemen, that it is not *your* ears and eyes *alone* that perceive the needs of the people.

You will require much help to stem the increased current of misery as exhibited within these walls. I know you want to succeed, and you will succeed; not only in persisting in your work, but in widening the sphere of *your* usefulness.

There is no such thing as a hopeless problem, when that problem may be solved by enlisting the hearts and means of the benevolent and the wealthy in the interest of saving the forlorn, and restoring the incapacitated. At no time should that be more appreciated than about that blessed Christmas, when every heart feels that there should be "on earth, peace, and good will toward men."



## ADDRESS DELIVERED IN EDUCATIONAL HALL, SUNDAY, MARCH 13, 1904

You have read on your invitation card that it is very easy to prevent tuberculosis. That is a little exaggerated, but, after all, prevention is not very difficult for clean and careful people. Consumption indeed may be prevented. It is one of the forms in which tuberculosis makes its appearance, but the two are not one and the same thing. Most of you have heard something about the cause of tuberculosis. It consists of the changes made in the body by very small plants, that must be magnified a million times before they can be rendered visible. These are called bacilli and, when they enter the body, are able to produce a minute or extensive local inflammation. In that case there are small deposits which may remain unchanged for weeks, for years, for fifty years. In that shape they cause neither pain nor any other changes. It is only occasionally that they give rise to abscesses. When abscesses in the lungs are formed, with the usual signs that you all know—cough, fever, spitting and sweating—then the condition is called consumption; but a large number of cases of tuberculosis never reach that stage, and that is why I have said that tuberculosis and consumption are not the same thing.

In what way are the so-called tubercular bacilli, the minute plants I speak of, enabled to get into the body? Sometimes there are external sores—for instance, the chronic sore heads of children. The bacilli will enter these wounds, with the immediate result of swelling the glands around the neck, and from there the bacilli will travel downward into and through other glands and enter the circulation. Now and then you hear of a butcher who has tuberculosis on his hands. He was infected by handling meat of cattle that have the disease, for the bacilli of cattle and

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those of men are identical, or almost so. After all, however, the infection by wounds and sores are comparatively rare. Most cases of tuberculosis and final consumption are caused by the inhaling or the swallowing of the bacilli of tuberculosis. That comes to pass in this way: Imagine you have to deal with a consumptive man who coughs and spits a great deal. He will spit on the floor, on the sidewalk or in public places. He brings up the matter from his lung abscesses which contain thousands or millions of bacilli. This matter will get dry very speedily. It mixes with the dust of the room and the street. Wind, dusting, sweeping will remove the bacilli from the walls, or from the floor, and in this way it gets into the noses and mouths of those within reach. The lesson to be derived therefrom is obvious. Nobody should spit on the floor, or on the sidewalk, or in public places, not even the gate-keepers and brakemen on the elevated trains who like to spit on the heads of people in the streets. There should be ample spittoons or cuspidors. Such cuspidors should contain water and should be cleansed once or twice every day. Nor should such a person, as a rule, use handkerchiefs or towels into which to spit, for there is the same danger of the spit getting dry and mixed with other clothes, or with the dust of the room. Another way in which the bacilli get into the mouth and nose of other people is when a consumptive person coughs in his own room. When he coughs, when he sneezes, there is always some of the matter that mixes with the air about him, and it has been found by direct observation and experiment that the fine particles of matter, when they are mixed with the air of a room, will remain floating in the air from four to six hours after such a coughing spell. You see, therefore, that every such person should be very careful not to cough or sneeze without covering his mouth and nose with his hand or with a cloth, in order not to infect the air. I will give you an instance. There is a consumptive mother who has a baby at her breast. She plays with it while she coughs. She kisses it while her own lips are moist with her own consumptive material, or she coughs into the air of the room. The baby was entirely

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well, but is compelled to breathe the small particles thus coming directly from the diseased lungs of the mother. That is a frequent cause of consumption or of tuberculosis in some form or other in small infants. Now, to a certain extent, we are all exposed to that, for there is not one of us who is not in frequent contact with consumptive people. There is always dust in rooms, in houses, in the street. A good deal of it is mixed with bacilli of tuberculosis, or of diphtheria, for instance. We are all exposed to it. These bacilli will get into our mouths, into our noses. Why is it, then, that not every one of us contract diphtheria or contract tuberculosis? The reason is this: That as long as the surface of our mouth and of our nose is in a healthy condition these bacilli cannot enter our system. They are simply foreign bodies. They cannot enter the body as long as our skin, our mucous membrane will not admit them; but whenever our skin or mucous membranes are unhealthy—for instance, during a cold, when there is what is called a catarrh, with coughing or sneezing—then the surface is no longer healthy and the bacilli plants find access to the interior of the body through the small wounds of the surface of the nose or throat.

Again, I want to impress upon you that tuberculosis when it is in the lungs need not be, or need not turn into, consumption. Tuberculosis is very apt to heal. We doctors find on opening dead bodies a great many times tuberculosis in the lungs of people who have died from some other disease. In such cases the tuberculosis was confined to one spot or to a number of spots only, without doing any harm. These people have died of other diseases without giving rise to any signs, without making anybody think of their being otherwise diseased. There are surely more recoveries from tuberculosis than deaths. And it is not only the mild cases that get well; bad cases, even of established consumption, are able to get well; even those that come from consumptive families; aye, even those who now and then will cough up blood or have real hemorrhages. And here I want to give you a warning, you and all your friends. Not a week passes but that some patient

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will turn up in my office, frightened almost to death because he gives up blood. If these patients would have stayed at home, gone to bed, kept their room cool, and were not eaten up by fright, it would have been very much better for them than to go out and see a doctor. I want to tell them here, as I tell them in my office, that they must stay at home, lie down, take simple food, keep the room cool and feel certain that this bleeding will not kill them. A great many of them are apt to get entirely well. That is why I have no sympathy with doctors who, when they find the traces of tuberculosis in a man, are heartless enough to tell them, not that they have tuberculosis and must take care of themselves in order to get well, but that they have consumption.

As far as tubercular families are concerned, there is one consolation, that there is no real heredity of the disease. In fifty years I have not seen more than a single case of tuberculosis that I could trace to hereditary tuberculosis in the family. A single case, and that was a baby born before full term. If there was more caution displayed in such families it would not happen that consumption exterminates whole families, as now and then you see it take place. I repeat, there is no inheritance. When a family does not use the necessary caution while there is one or more members in consumption, a stranger in perfect health who would live with them would be liable to consumption, and, on the other hand, if you removed an infant from a consumptive family into healthy surroundings, let it be boarded out amongst healthy people, that infant has the very best chance of remaining well. Thus everything depends on precaution. Methods of precaution are as follows: Do not spit on the floor; do not spit into handkerchiefs or towels; do not swallow your own spit when you are tuberculous or a consumptive, for such spit is dangerous when it gets into the bowels. Whoever has diseased lungs should have his hand or his handkerchief at his mouth when he coughs; he must not kiss children, certainly never on the lips; he should wash his hands and his mouth very frequently; there should be a spittoon in his room, and the spittoon should be large enough so there

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is no possibility of spitting alongside. It should be of glass or china, so that it can be easily washed once or twice a day. If he does not wish to spit into a cuspidor, let him carry his own rags or pieces of cotton, or a paper spittoon, spit into them and burn them at once. Such spittoons should also be in the factories. For some months past I have been inquiring of a number of patients—working men and women—how they spit in their factories. They answer invariably, "On the floor." You see how dangerous that is. I think there will be a change in that respect very soon, having reason to believe that the Board of Health will enjoin upon manufacturers to have a reasonable number of spittoons about their places. I have been thinking that there might be a cuspidor for every six working men or women. It would be easy enough to see to it that every day some one, in daily alternation, should have charge of the spittoons and be obliged to wash them out twice a day. That would be no hardship; every one would have his duty one day in the week and would make himself useful not only to himself, but to the whole crowd. Within a very few weeks you will notice that every elevated railroad platform will have five or six large spittoons for the purpose of receiving the spit of the public, and that henceforth the Board of Health will be stricter than ever in regard to punishment of those who endanger public safety by spitting all over—gate-keepers, brakemen and cops not excepted.

There are more things that can be done in the way of precaution. What every one of us should do in the way of making himself more vigorous and healthy should certainly be done by those who are not quite strong, who are tubercular or have the suspicion of tuberculosis. I have said that when our tissues, the skin and the mucous membranes are in a healthy condition, when there is no catarrh, no superficial inflammation, no bacilli can get into our systems. Thus what is necessary is to keep our tissues in a healthy condition and to increase the resistance that we may offer to injuries threatening from outside. What we have to do is to become as vigorous and strong as we can. What does that mean? It means particularly

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the strengthening of our hearts and of our muscles. Moderate exercise will make both stronger. Without vigorous action of the heart and of the muscles, the blood does not circulate as it should, and without getting our skin into a condition in which it will not catch colds too easily we cannot expect to remain healthy. What we call hardening of the skin can be best accomplished by the use of cold water. If every one of us, as long as we are in healthy condition, would rub himself down once a day with cold water, and then afterward with a dry towel until he is dry and warm, he would not catch cold so easily, would not be liable to contract pneumonia or catarrhs. We have had weeks this winter when between three hundred and four hundred people died of pneumonia in New York every week. It is necessary, however, to see to it that after such cold washing the rubbing should be hard, until the skin is aglow, including the feet, which must not be allowed to remain cold. All this can be done within the space of five minutes, and there is no reason whatsoever, even on the part of a man who has to get to his work at 6 or 7 o'clock to do without it. Men who are suspicious of having tuberculosis or who have a cough should not use tobacco; they should not use liquor, certainly not liquor unless it is diluted with water. The habit which is so common among people, to drink liquor on an empty stomach before a meal—even before breakfast on an entirely empty stomach—is one that is positively injurious and poisonous. I know this habit is very common, and the sooner you break yourself of it the better for you and your many children. You have no business to die sooner than was meant for you.

Then it is necessary that, no matter what your occupation is or your condition, you should take a good breakfast in the morning. There is hardly anybody so poor that he cannot have a substantial and nutritious breakfast. What you do want is oatmeal, which is cheap; rice, which is cheap; bread, which is cheap; eggs, which are cheap at least part of the year, and some milk. What I mention here is about as cheap and nutritious and fine as anything a millionaire can have. What I have said is not only true

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of the working man who has ten or twelve hours of work before him, but of school children. To sit in school five hours is very hard work for small children, and unless they have had a good breakfast they cannot thrive; they will get sick and will not be strong enough to resist the invasion of a disease. I know now and frequently meet young women who go to normal schools who are well dressed, but who live on coffee and bread. If they had less finery about them and spent a few more cents on a regular breakfast it would be better for them, better for the families and better for their future. These people who go to study or to work starved are more subject to infection by disease than any one else. Sometimes people will tell me that they cannot use cold water in the way in which I advise it, because they are very apt to have catarrh. What I propose that they should do is the very best means to avoid catarrhs. Moreover, they should not be so terrified by the word catarrh. They are terrified by it because they read so much about it in the advertisements of newspapers where quacks take hold of the popular imagination and try to convince people that catarrh in itself is a very dangerous disease. When you have to deal with people who are thin, emaciated and do not get warm immediately after using cold water, no matter how much they rub, they may take a little alcohol and water. If you mix alcohol and water in equal parts, just enough to wet a towel with it, rub down with that alcohol and water, rub very hard and then afterward take a dry towel and rub yourself until you are dry and warm. There is another way of dealing with catarrh, particularly such catarrhs as affect the nose. Wash that catarrhal nose out with warm salt water, say, half a pint; dissolve in it half a teaspoonful of common table salt; let that run through the nose on both sides, into the throat, either by pouring a little of it into your hand and snuffing it up in that way or by using one of those numerous glass cups that have been made for the purpose of washing out the nose. If you have a chronic catarrh, use that once or twice a day all the year round, and you will get rid of your catarrh without any doctor, without any catarrh snuffs, without any

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catarrh quacks. If you do that I can assure you that a good many doctors will be injured in their business; but there is no harm done to you if you need fewer doctors.

I will tell you something about the rooms you, young and old, live in. The rooms you live in should never have a temperature more than 70 degrees. As a rule 67 or 68 will fully do. Where you sleep there should never be a temperature more than 60 degrees, or, better, it should be lower. Do not forget that you and your children spend a great deal of your life in your bedroom. During the hours you are in your bedroom you should have cool, fresh air. There must be no stove in the bedroom. If there is, open the window on top and let a little fresh air come in all night. If it is very cold, half an inch will fully do; if not, more, but let the air come in from the top. Unfortunately I know quite well there are 300,000 rooms in New York City that have no windows, and many of you sleep in such rooms, I know, that have no windows. If you cannot open a window in your bedroom, open it in the next room, be it sitting room or be it kitchen, so that you have the cold air. If you have cold air during the night you will have appetite in the morning, and you will digest your food better.

Your rooms, sitting room and bedroom, should be kept clean. They should be cleansed, not by sweeping dry. If possible, dust should be removed with a wet mop or a wet rag. There should be as much sunlight as possible in the room. Sunlight will help to discover the dust and the mud in the corners. But what is perhaps more important is this: that sunlight will kill bacilli. Bacilli will remain alive, however, weeks and months when they are not in contact with sunlight. That is why the dark staircases in your tenement houses—no matter whether you call them apartment houses—are so very dangerous. People will spit on the staircase; the staircases are seldom washed; there the bacilli will remain in the corners in the dust; and the whole house is in danger of being infected. Now, imagine what becomes of those houses in which four, five or six stories are covered with carpets. The carpets on such stairs lie there from one year to another; they are

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never cleansed; they are filled with bacilli of diphtheria and tuberculosis and the minute bodies that cause scarlet fever and measles. In such houses scarlet fever, measles, tuberculosis and diphtheria bacilli never die out. I often wish I was the Board of Health. There would be no disease-laden carpets on your stairs, if I was.

Then I want to tell you a word about the heating of your rooms. The air in New York is, as a rule, dry. We have a great deal of west wind. The west wind in California is moist, but the moisture in the air is deposited on the high California mountains and on the Colorado mountains, and whatever air comes to us from the west, with a continuous west wind, is dry. That is why our linen dries in a very few hours; that is why our houses dry out so soon, and it is really not very dangerous to move into a house immediately after it is finished in the summer or fall of the year. Now, our rooms are dry, our furnaces, our steam heat is dry. The greatest dangers are the stoves which are called self-feeders. Very little air has access to them. There is always an admixture of carbon dioxide, which is a very dangerous poison and kills so many people, of sulphuric acid or nitric acid in the smoke of such self-feeding and other stoves. Such self-feeders should not be used at all, and in every room where there is a fire there should be also steam. There should be no stove of any kind that is not supplied with a large bowl of water, the water to be made to boil at the time, so that the air in the room gets moist. That every room should be supplied with at least one spittoon I have already mentioned. No dust should be allowed in the house, apartment or tenement house, nor in a school, because wherever there is dust there is danger of infection with disease.

Now I will tell you something about what is called climate. Every few days some poor man comes and asks whether he should not go to Austria, to Roumania, to Hungary, to Russia, and whether it would not do him good. My questions to them are as follows:

“How will you travel—in steerage or second cabin?”

The answer usually is, “Steerage.”

“How long do you expect to stay in Austria or Russia?”

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If you mean to stay half a year or a year, then it is worth while to take even the steerage; but simply to go and to come within a very short time is certainly dangerous, for the air in the steerage of a ship ever so well ventilated is dangerous, even to a healthy person."

Then I ask them, "Whom have you got there, in Russia, in Roumania? Have you got a brother, a sister; have you parents; have you sons or daughters? Are they rich enough to give you a room by yourself and to feed you well? If not, stay where you are. It will cost you \$100 to go and come. If you spend \$100 here going to the country, going to a farm, you can live there three or four months for \$100 and be more benefited than by simply traveling."

Others come and ask me whether they should not go to Liberty, to Sullivan County, to Colorado. Do not forget one thing in regard to Liberty and to Colorado. You go there limited in your means, scrape together the traveling expenses, live in a poor house where there are a good many people more sick than you are. They are not very careful; they spit where they go and stand, perhaps two or three in one room, and these are certainly not circumstances in which you can expect to get better. Moreover, where there are so many patients, so many who have stories to tell of their illness—and they like to do that—there is certainly no encouragement; there is more tendency to despair. To go to Colorado it costs you \$50, \$60 or \$70 to go there and come, and a good many people ask me if they must go to Colorado who have not got the means to get there, so that is out of the question. I frequently have to find fault with reports that are given me about doctors. A patient will come and tell me that the doctor has said, "You are in consumption. Unless you go to Colorado this week or month you must die." There are not infrequently men who cannot scrape together the money to go to Colorado and who, if they got there, would have to live in an attic, in some sort of starvation, on poor food, taken away from their families and in constant care and uneasiness about their families, about their wives and children. If there is anything that

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will contribute to make tubercular patients worse it is that state of discouragement which is the immediate result of insufficient feeding and harassing care. A good deal of consolation, however, can be derived from the fact that there is a good deal of superstition and mistake about Sullivan County, about Colorado and high mountains. A good many of the tubercular patients do not stand high mountains at all. It is a consolation to know that any fresh air, in the woods, on a farm, and by night in a well-ventilated room is as good as anything Sullivan County or Colorado can offer you. You stay here and stay in the neighborhood of the city; go to Orange Mountains, wherever you please, so that you have decent food, that you have cereals, oat-meal, barley and the like; that you have milk; that you have eggs; that you have cold water to wash with, and be satisfied that you are in as good a place as Sullivan County, in as good as Colorado, or in as good as you can find in any other region. Then there is one thing I have frequently told people when they come for advice. There are young men, sometimes married, frequently not, who come to me. I often ask them when they complain of their lungs, "Are you married?" "No." "Are you married to New York City?" They look at me. I say, "Must you live here in New York City, in Monroe Street or Hester Street?" "No." "What is your business?" "So and so." "Now, man, I advise you not to risk in future the winter air in New York City, where you can get bronchitis and pneumonia and consumption. Go away, go away South, go away to the mountains, anywhere in Tennessee, in Georgia; go to Texas, go to any large city in the South, if your business compels you to live in a large city, and there make a living, and do not come to New York until you want to have a vacation or are rich enough to change your place of residence; make a living where you can have your windows open, and do not come to New York." I think it is as good advice as I can give a man who is in danger of becoming tubercular or consumptive.

In that connection I would say a word about sanatoria. In the neighborhood of New York are sanatoria for tuber-

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cular patients; there are very good ones, very practical ones. There is the Bedford Sanitarium, and there is the institution under the Board of Health on the Island. Both of them are very well equipped, better equipped than any private residence can be. The patients have more air than in a private residence; they have grounds on which they can walk or on which they can work; and certainly if a poor patient can find room in a sanatorium he is better off than he can be at home. It is to be hoped that the Board of Health of this city, careful as it is, will finally succeed in establishing more sanatoria of that kind. The Board of Health should certainly be trusted by every one of you. The last two years very good work has been done by it, and it looks as if the good work that has been done the last two years will be continued under the present able and cautious administration, so that whatever they will offer you, in words or deeds, accept with confidence.

Is there anything else that can be done to fight tuberculosis, for the community or for the individual patient? You will read a great deal about cures, consumption cures, in the newspapers. There is nobody that gains or profits by it except those who advertise. It costs them a good deal of money to advertise. Do you think they are so unselfish as to advertise for your profit, for your advantage? I do not think there is anybody here green enough to believe that. At all events, I will give you one advice. If you find any doctor, or so-called doctor, that advertises in the newspapers, set him down as a swindler. He wants your money and does not care for your health. There is no decent doctor in all America that advertises himself in the newspapers, except his mere address. I have even been told lately that my name has been utilized for a sort of swindle. In one of the drug stores down East here I learn that the drug man recommends Dr. Jacobi's Liver Pills. I will tell him here, and tell you, that that is a swindle. I do not know that there is any man here who would believe that the coat of his neighbor, or that the shoe of his neighbor, is the proper coat or the proper shoe for himself. You, and you, and you, have different livers, and Dr. Jacobi, or anybody else who is honest, will not under-

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take to doctor your liver, and your liver, and your liver, on the same plan. There is no such thing as a liver pill, or a brain pill, or a lung pill, that will cure every liver, or every brain, or every lung. There is no such thing as a remedy for every one, just as little as there is a hat for every one, or a coat for every one, or a shoe for every one. As far as medicines are concerned, they may do a great deal, even in tuberculosis, even in consumption; they may relieve you; but there is no medicine that by itself will cure consumption, or cure any other disease, unless the patient is put into a condition where other means, hygienic and others, can be utilized.

Now I will tell you something about your children. I repeat that tuberculosis and consumption are not hereditary, cannot be inherited; that a baby is not born with tuberculosis. So tuberculosis or consumption are always acquired diseases. Children must not be kissed by tuberculosis patients; they must not be infected by tuberculous wet nurses or mothers; they must be fed so that the food cannot make them tubercular. That is why milk should not be given to any baby except it be boiled, certainly not in the city. Boiling, or even a degree of heat that comes up to 165 degrees—the so-called Pasteurizing process—kills bacilli. If you have the choice in regard to milk do not take it from one cow alone. Frequently mothers will boast that they are very careful and have the milk from one cow that they know is in good condition. Cows are very apt to become tubercular, and when such a cow happens to be tubercular her milk may be tubercular. Now, to take the milk from that one cow only is always a risk. It is very much safer to take milk from a dairy where the milk of many cows is mixed. It has been found when the milk of one tubercular cow is mixed with the milk of thirty healthy cows that that mixed milk can be taken without any damage because there the bacilli are so diluted, so few in proportion, that they do no harm. Then it is a good way not to give infants, particularly when they are quite young, milk undiluted. It should be mixed with some oatmeal water, or barley water, and it should contain a little salt, and certainly should be sweetened with a little

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sugar—cane sugar, not milk sugar. Never buy milk in a grocery store. If a grocer is ever so honest and careful he cannot prevent the odor of other things and the millions of bacilli in his green wares from getting into his milk. Buy your milk in a milk store or in bottles. Babies and children should have no coffee, no tea, no beer, no liquor, unless the doctor has ordered it in some sort of disease. Babies should be hardened, too. Small babies should not be bathed or washed with cold water; that should be warm; but there should be a good deal of rubbing done. Their feet should always be warm after a bath. If not, they should be rubbed very thoroughly until they are warm, and those children that are apt to have cold feet after washing or bathing should be washed rather with alcohol and water than with cold water. But thorough rubbing is a necessity. It is a good plan to give very small children a little water after every bottle or meal, in order to wash any remnants of food from the mouth. Remnants of food will spoil the teeth, and decayed teeth and sore gums are one of the roads by which tubercular bacilli get into the circulation. Small babies, particularly those that are playing on the floor, are very apt to contract tuberculosis wherever it is to be had. The tubercular bacilli, when coughed out by a consumptive person, will gradually sink down to the floor. Children are nearer the floor than an adult when standing up; therefore they are more exposed to inhaling tubercular bacilli than adults. Moreover, they play on the floor, and their finger nails are dirty with the dust of the floor. It has been found by two European observers that of sixty-six babies of the age of from six months to two years fourteen had tubercular bacilli under their finger nails. You see how important it is, first, to keep the floor clean, and, second, to keep the fingers nails of little children clean and to cut their nails so that nothing can accumulate under them. When children develop glands around their necks—so-called scrofulous glands—they are not necessarily tubercular, for whenever there is simply nasal catarrh or running nose the glands around the neck will swell. To cure them you do not want much medicine, particularly when they have just com-

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menced to swell. Keep their noses clean. Wash them out, as I said before, with a little warm water and salt. That is all that is required, but do it twice every day for weeks or months. For them it is best to take a small nasal cup (children's size), such as you can get in every drug store. Put some warm water in, as described before, and let it run through both nostrils twice a day, in that way not only keeping the glands down around the neck for this time, but also with the result that the irritation in the nose will get better and better. Sometimes nothing else is necessary to cure chronic catarrh and chronic so-called scrofulous glands. In the same way salt water should be used after tonsils have been cut out when they are too large, or adenoids, so-called, when those little tumors have been scraped out of the nose. It is always necessary to wash out the nose for several months afterwards, because where there were large tonsils and adenoids there is always a tendency to catarrh, and where there is a tendency to chronic catarrh there is a possibility of tubercular infection.

Now about older children. You send your children to the schools a good deal too early. A child should not be sent to school before it is seven years old. That is the time. About that time their body is stronger, their bones are more hardened, their circulation is more vigorous. They can stand sitting in a school for a short time, even in bad air, better than when five or six. Do not send them too early, and see to it that they do not sit too long. Our school time is too long. A baby of six, seven or eight years should not have more than two and one-half or three hours every day. There should be a long recess between every session, and during the recess the children should not be allowed to remain in the school-room, but should be driven out; meanwhile the windows to be opened and fresh air allowed to come in.



## THE NEED OF CONVALESCENT HOSPITALS

WITH hospitals in New York City I have been acquainted for half a century; with institutions for convalescents, a little more than a dozen years. That is how I have learned to know the benefits conferred by the former; also the failures and the effects of the latter.

Most of our hospitals, with the exception of the City Hospitals, in which the admission of the poor—no matter whether their ailment is acute or chronic—is obligatory, limit themselves as much as they can to acute diseases. For this policy there is a strong if not always a good reason. As a rule, an acute disease requires a limited time only to run its full course, and without manifest danger to his life the patient may be removed to make room for somebody else. In this way the number of those benefited within a given period may be a very large one. The necessities of the sick clamoring for admission and relief, and the wish of the hospital authorities to do good to a great many and to appear before the public and the trustees with vast numbers of admissions and discharges of what are called the cured, are great temptations to hurry the latter away and to fortify their own claims upon the financial support of the city and its citizens. Thus it happens that patients are sent away too early to shift for themselves. Meanwhile, their means have diminished on account of interrupted work, their strength has not returned when the necessities of the hospital require their removal, their food at home is scanty and not nourishing, or it is inappropriate; thus they linger on,—many unable to work,—become poorer than before, fall sick again, and have to go to the same or some other hospital. It is mostly with men that we have this experience. Women will easily return to the hospital; with the self-sacrificing characteristics of that sex, in all walks of life, they work on, and suffer, and break down. Away from the hospital, discharged or no

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longer admissible they try to shift for themselves, and fall victims to the newspaper advertisements of nostrums, and to advertising quacks. That is an evil, however, for which the responsibility should be shared by many; firstly, by the community which does not permit the sick to be made entirely well and strong and able to work; secondly, by the secular press, which prints for money, and big sums of it, the advertisements of the most shameless and deceptive drug compounds—in that respect most of them are intensely yellow; thirdly, by the professional magazines, amongst which the religious publications carry off the prize; a certain class of so-called medical journals, however, are by no means innocent.

So really the insufficiency of hospital recovery of the poor is a frequent cause of the vast amount of squandering of the last savings of a poor family that are trifled away on quackery.

I am also acquainted with the existence and efficiency of a few institutions established for convalescents. The Isabella Home, erected many years ago by the Ottendorfer family and located in 190th Street and 10th Avenue, has a few wards for such as have been discharged from hospitals, occasionally also by their family physicians. They are, as a rule, harbored for a few—up to four—weeks, sometimes more. They have good food and air and beds and cheer; and are made to rejoice in the benefits they owe to other human creatures, and to believe in the fraternity and solidarity of human kind, and are made to feel grateful while again capable to work. No one can tell how much bitterness of feeling, how much despair, how much physical and moral debility have been relieved by this simple, straightforward, and intelligent charity. A similar institution was established a few weeks ago in Elmsford, Westchester Co., under the name of the Solomon and Betty Loeb Home for Convalescents. As it has been sufficiently endowed, it cannot fail to render a vast amount of good. But all New York with its four millions of people has only a few hundred beds for convalescents. A few years ago thousands of hearts were gladdened by the newspaper information that a rich man had established a strong board

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of generally known and respected trustees who were to take charge of from four to five millions of dollars destined for an institution to take temporary care of convalescents. Of that institution, the Board of Trustees is still in existence; there is also in existence the intelligent conviction that four millions thus employed would be of vaster influence on the general welfare than the same amount invested in a new hospital. Whoever has money for humanitarian purposes and the knowledge of how much more good can be done to convalescents who are sent adrift than to the sick who are taken care of, should be proud or vain enough to have his heart warmed, while still in the land of the living and of the joyful, and grateful, and fully recovered, by the gratitude of those whom he benefited and the enthusiastic approval of his fellow-citizens. When he will be dead he will not enjoy the blessings he conferred.

At present, however, there are only a few hundred beds for convalescents. The St. John's Guild desires to add a hundred or more beds in which to care for convalescent women and children, and wants your support—both moral and financial, yours and that of your friends, and the friends of the poor and the sickly, and of humanity. I am well aware of the support you have always lent to the St. John's Guild Institutions—mainly to its floating and the permanent hospitals; but the cause both of well and sick children, which has always been inscribed on the Guild's flag, requires all the practical sympathy which may be suggested or dictated by our humanitarian instinct and social foresight. By not withholding it you will co-operate with those of our large hospitals which, like St. Luke's, Presbyterian, and perhaps others, have succeeded in establishing homes for convalescents, and others which are known to contemplate doing the same thing. Evidently the horizon of those who work in the interest of the sick and sickly to an hitherto unprecedented extent is widening fast, and a new province is being conquered for the sacred land of humanitarianism.

Those who have never participated in their due percentage of benefactions are the very young and the women. They are beginning, however, to come in for their share of

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general consideration on the part of the people. The laws passed to regulate the labor of women and children are fair proofs of the awakening even of legislatures to the recognition of their claims and rights. Their rights, however, are the *duties* of the commonwealth. No community or commonwealth will ever thrive without healthy children and women. It is on the former that the welfare of the republic will depend in future. That is why the scant number of child's hospitals, and all of them small in New York City, is a blot on our civilization and a proof of our shortsightedness. Moreover, those children who are benefited by being treated in a hospital are liable to suffer from the incompleteness of their recovery. Indeed, most babies are never restored to the full extent demanded. I will give you a few instances with which you are more or less acquainted, which, however, can be better appreciated by the physician only. For that reason I claim your patience a few more minutes, in which, out of a hundred facts which might be enumerated, I shall present to you a very few instances of untold misery caused by a premature interruption of convalescence.

Hundreds of thousands of instances of wretchedness are caused by infectious diseases. Acute rheumatism, the frequent cause of relapses and of valvular heart disease, is treated in our hospitals. A specific treatment, where the case is cared for at once, shortens the illness and prevents or modifies the accompanying heart disease. Then the patient is discharged during the incipient stage of his convalescence. Another month in a home, with the continuation of appropriate treatment, and the inculcation of habits and methods insuring prevention, would in most cases result in permanent health, without the relapses which thus far have been the rule. And relapses and new heart inflammations mean a panting existence, without the ability to work, with dropsy, and an early death.

Another instance: Our hospital typhoids are with us two, four, or six weeks. Then they are discharged—many with guts not healed, many with bacilli still in their blood and kidneys and bladders, and none with a fully restored heart muscle. Many develop their secondary kidney disease

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unnoticed, because not sought for, after weeks or months; many go out with their brain faculties not fully restored. A convalescent home should watch them for another month or two, with result of returning to the world a healthy, active, and competent child, or man, or woman.

A final instance: We have had diphtheria in our country these fifty years. Since 1858 I have personally observed tens of thousands of cases. The country at large has furnished millions, with hundreds of thousands of deaths. These take place during the acute stages while the patient is under active treatment, or during convalescence, either suddenly or slowly, or in some secondary result after years. More than in most other infectious diseases the heart muscle is affected in diphtheria. There is no longer an acute symptom or an active treatment. The patient is discharged from a hospital, or the incessant domestic care is relaxed, convalescence is not watched, the patient tries to sit up, leaves his couch, and dies suddenly. There are those here who know it all. Do not tell me he died of "heart failure," nor be satisfied there was no help. There *was* help. He died of an uncared-for convalescence. That lack of care may not always kill the patient, but if convalescence, which sometimes takes months—in bad cases even years—be not watched, the degeneration of the heart muscle becomes permanent, and palpitations, parting respiration, fatigue, inability to perform any work, and an early death are the results.

A convalescent home, rest in bed in cool air, proper medicinal and hygienic treatment, would have prevented all that. And you and your friends are admonished to do for the poor what you expect to do in your own families. The poor should always be with us.

Then there are the women. I allude only to one item in their lives, one of frequent danger and lifelong suffering, which, as it can be avoided, should be corrected. Of 50,000 newborn babies, 40,000 have mothers who have no opportunity of escaping a life of invalidism. After the birth of a child it takes the organs six or eight weeks to resume a somewhat normal condition. These weeks should be a time of rest, in the interest of both the mother and the

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baby. Instead, thirty thousand women a year get up from their beds on the third day or fourth, or sixth day, to take charge of the household, attend to the children, do scrubbing and washing, and in many cases lay the foundation of a fatal disease of sempiternal invalidism in most. It is a fact that the majority of women are lifelong invalids from that cause alone. That is no exaggeration. Then follow fitful attempts at treatment in some doctor's office or in dispensaries, extending over years in whimsical intervals, naturally without results; for the first remedies, rest—rest, and food, and air—are wanting. Impatience, natural enough under the circumstances, does the rest. One doctor after another, one dispensary after another is tried, to no purpose. And in many cases, given up as hopeless by the sufferers, nothing is left but constant misery, incompetence, despondency, matrimonial unhappiness, and an early death. They are the cases improperly attributed to bad treatment, like that in the gospel which tells us that a woman had suffered many years from many physicians. She was fortunate enough, however, to be saved by the greatest physician history and legend have ever told us of. It is not bad treatment by a single doctor or scores of them; it is bad treatment on the part of so-called civilized society. A month of rest, such as you may contribute to procure, for every woman after a child-birth, either timely or premature, would save the health of women and babies, make happy and healthy homes, save millions of dollars now spent in attempts at relieving ever relapsing diseases, and help build up a population of sound and efficient Americans. And, verily, by so doing you will not only serve America, but aid in redeeming mankind. For if I understand the evolution of history correctly, it will take a strong and healthy and forceful America to control and shape intelligently and peacefully the destinies of mankind.

## ADDRESS AT INAUGURATION OF A NEW PAVILION OF NEW YORK SKIN AND CANCER HOSPITAL

### *Ladies and Gentlemen:*

To Mr. Napper, of Cranleigh, England, is attributed the credit of being the first to recommend the erection of cottage hospitals. It was he who wrote in 1855 on the advantages accruing through them to both the medical profession and the public. His plans were so in accordance with the public needs that what they call cottage hospitals in Great Britain were built in large numbers all over the Islands. Indeed, in 1880, when Burdett wrote his book on the subject, every county but five had its cottage hospital, and these five had no hospital accommodation whatsoever. Altogether they counted two hundred and fifty all over the land; it is stated one hundred and eighty of them were in working order as cottage, and a number had developed into general hospitals. This last notice, and the hope expressed by Burdett that there will be in future one bed for every one thousand inhabitants, appear to prove that what we prefer to call a cottage hospital is by no means carried out by institutions called by that name in England. What they are is amply characterized by the pious wish expressed by Dr. G. Derby in the report of the Massachusetts State Board of Health in 1874, who says: "There are many reasons for believing that at the present time small and well-arranged hospitals in at least twenty of our busy towns would be the means of saving life and of preventing useless suffering both to the sick and well."

A genuine cottage hospital plan for the *insane* was favored and partly realized by Bucknill, who, in 1865, transferred a number of patients to the country, into smaller houses, under the supervision of a nurse and his wife, so that they enjoyed something like a family life, more quiet

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and freedom, pure air, and a moderate amount of work at the same time. In Belgium, Parigot—whom some of the older men in the profession of New York will remember; a paper of his on “Moral Insanity in Criminal Cases” was read by him in 1861, and published in the first volume of the Bulletin of the New York Academy of Medicine—introduced the country cottage, together with the farming-out system, on a large scale. It has often been imitated on the Continent of Europe. What the State Board of Charities of the State of New York intends to do with the sixteen hundred acres lately purchased in Long Island for the relief of the overcrowded institutions of Blackwell’s and Ward’s Islands appears to be in the nature of the same laudable enterprises. Still, while giving credit to Bucknill, Parigot, and whosoever else deserves it, we ought not to forget where the real cottage system originated. Our eagle, which knows how to screech, always, as we believe, on proper occasions only and at proper times, ought not to be silent on this occasion. For the cottage hospital system is an indigenous American plant. If we were to forget it, Europeans remember it very well, for the pavilion and barrack system, initiated by the skill and knowledge and humanity developed and exhibited in our Civil War, is acknowledged to have been the origin and model of everything that has since been established in that line. We require no words of praise of our own. I am satisfied with what Rudolf Virchow, whose name has been a household word in both hemispheres for decades, says of “the critical and thoroughly scientific spirit, the clear perception, the sound and practical common sense, which penetrated gradually every part of the American military organization, and which, with the astounding co-operation of an entire nation, accomplished more humane results than any great war ever produced before.”

In the institution of the cottage system—that is, a conglomerate of small hospitals in place of a large and bulky institution—the combination of common sense and science has obtained a great triumph. Still, there is a point we might here consider, just *because it* appears to render the cottage system less indispensable in our days than it was

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formerly. It was, and is, deemed superior in part for the greater facility of protecting the relatively healthy from contagious and infectious diseases. There are so many reasons for this, and they are so well understood, that it is not necessary to enumerate them here. That was and is true, but it is no longer true to such a degree as it was formerly. I will give you instances. It is not much more than a dozen years ago that the whole medical profession and the knowing part of the public were fully convinced that there was but one way in which to deal with Bellevue Hospital. It was believed that whoever entered had to leave hope behind. Infectious diseases were fatal, inflammatory diseases became complicated with infectious fevers contracted on the premises, there was erysipelas all the time, and surgical operations terminated fatally in large percentages. Bellevue had to be torn down, and rebuilt there or in a better place. And at present? Having known it for many a long year, and appreciating the peculiar difficulties connected with the institutions filled with the poorest, and often most abject, criminal, and neglected part of the population and depending on too scanty appropriations of money, Bellevue is in a fair, though improvable, hygienic condition. Erysipelas does not grow on our own ground; almost every case we treat there is brought in from outside. Hospital gangrene is not known, surgical operations terminate favorably, and infectious fevers are apt to get well. And still Bellevue has *not* been torn down and holds six hundred beds and more. The reasons for these enjoyable changes have been set forth impliedly by the late Dr. Van Buren when he delivered the introductory address at the opening of the new New York Hospital. His principal point was this, that the pavilion system and the very large grounds were no longer required; that the New York Hospital had a right to pile story upon story without risks, because of the new light shed upon the nature of morbid processes and the antiseptic methods of treating diseases and wounds. Into the merits of that assertion I shall not go here. Medical men and a goodly part of the public know that the last ten years have supported his opinions and expressions to a great extent.

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But nobody claims that, though large hospitals at the present time can be so arranged and the treatment has been so perfected as to give unprecedented results to such a degree as to render the best statistics of olden times absolutely worthless and meaningless, large institutions are again to take the place of cottage hospitals. What we have learned is that large hospitals are no longer the curses and man-traps that they often proved to be, that they have been made comparatively safe, and no longer so injurious, in spite of all the good they did, as they necessarily were in former times. But the increase in knowledge, which has worked such changes in hospitals, favors cottages as well, and the relative value of the two classes of institutions is still the same. Our main sources of rejoicing are the fact that all classes of institutions can be kept in a healthier condition.

The advantages of the cottage system are, in a few words, as follows:

Small wards offer more comfort to the patients than large ones. They are not so easily disturbed by each other, make themselves acquainted more readily, and feel more at home.

Nuisances, excrements, soiled and soiling material, are less, and more easily removed.

The air can be more easily renewed with simpler methods of ventilation.

Patients with nauseating diseases in a large ward are a source of suffering to a great number; in small ones the isolation of bad cases is more readily assured. A uniform plan of building permits of expansion from time to time, as necessity commands and means permit, and such changes in the additional cottages as prove desirable, at a proportionately low expense. Altogether the cost of building and furnishing is but trifling in comparison with that of large institutions. Within seventy miles from this place of yours there is a great hospital in which every bed cost eight thousand dollars, or as much as two or three of your pavilions. The money which founded a single bed in that institution would have been sufficient to start twenty of yours. In the former it was the State which exhibited

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the meagre results of clumsy, perhaps corrupt or negligent, efforts. In the latter the enthusiasm of intelligent and painstaking private benevolence has accomplished great results. Unfortunately, with us, the State does not appear to be able to do better. Its aid has thus far been mostly perfunctory. At best it recognizes aid or protection for its citizens as a painful duty. They are offered through hospitals and schools, in the same spirit in which State prisons and gallows are erected and sustained. As the State is now constituted, it finds means, more or less appropriate, to perform its cool, naked duty. When will it begin to take care of its own through sympathy and love? It will be a period of rejoicing when the conscience of the State will be raised to the standard of conscious sympathy, instead of matter-of-fact and unpleasant necessity. That time will come, for mankind is perfectible and on the road to moral and intellectual progress. To-day, however, it appears that that big conglomerate has to learn from its constituent parts.

A further advantage of cottage hospitals is the possession of large grounds such as you have here, and which can never be obtained in the heart of the city. On them you can manage to find employment for those of your patients who are not confined to bed. The question of employment becomes more important with the numerical increase of the institutions destined to take care of the poor or helpless. Prisons, almshouses, and hospitals are the danger to society mainly through the enforced idleness of those who are supported in them. Those who are healthy and free have no idea of how time wears upon the unoccupied. What are they to do? You may be able to supply them with books or newspapers; there never are too many of them. The mouths of the station boxes for the benefit of the hospitals are always open and are filled to overflowing. Papers and journals and books will instruct the hospital inmates and aid them in passing their time. Still, they cannot always read. They require occupation, which as an exercise is useful to them, and at the same time leads to a visible result. It is in a cottage hospital only that you can accomplish these two ends.

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No country under the sun has so proved the superiority of individual and collective efforts over those emanating from the political commonwealth than America. Its citizens have had the privilege of not being provided for and directed by a ubiquitous government, but of learning to help themselves and each other. This good humanitarian citizenship we see the evidence of here. Those whose hands and hearts we behold in the existence of these buildings have done better than the State ever could have done. They have performed the duty they felt in their hearts equally well or better, and at low cost. Indeed, for those who can afford the luxury of proving beneficent, that luxury is comparatively within easy reach. May those who have the means spend some of it in imitating the benevolent examples before them and in showing their power! For as power may be, and is, shown in doing harm, destroying peace and subverting the harmony of communities or countries, so there are those, in ever-swelling numbers, who experience in themselves the blissful consciousness of spending and exhibiting their power by doing good. They are the very ones who prove through their own experience that beneficence has its twofold blessings. For while it relieves the sufferer, it elevates the benefactor into the heights of the aristocracy of both intellect and heart. And a higher aristocracy there is not. No feudal or money aristocracy will ever be so enduring and, let me say that also, appreciated. For we are undergoing great changes in our public sentiment. We have arrived at that state of private and public culture that no millions command respect any more by themselves, but by what they do for humanitarian and scientific objects. Riches are covered by oblivion; no song and no history tells of a man because he gloated over barrels of gold; history is the tale of progressive development, and songs immortalize the names of those who by brave and humane acts aided their fellow-brothers and sisters. The heroes of antiquity relieved the world of dragons and wild animals; the dragons of the modern world are physical and moral sufferings, which clamor for relief.

This relief is offered by those who contribute to such a charity as that to which you give the support of your pres-

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ence to-day. For the well-to-do, the erection of a pavilion, or an ample donation for its support, is but a trifling sacrifice compared with the good it is doing for all times and the immortality it secures for the kind donor. It relieves suffering for an indefinite period; by aggregating a number of cases of the same class, it accumulates not only patients but also experience, and thus aids in the accomplishment of the ends of medical research, which works to relieve and cure by new thoughts and methods, and finally to reduce the number of so-called incurable diseases.

What I wish to emphasize once more is the relative facility with which those great results are obtained. To accomplish those ends, however, earnest co-operation is required, and submission to a common sacred purpose. The secret of success lies in the centralization of means and efforts. A few thousand dollars will accomplish nothing when by themselves; joined to the rest, free of personal vanity and sterile rivalry, they are a great power for good for all time to come, and benefit equally those who receive and those who give. I wish I had the eloquence to prove to all that the practice of benevolence ought to be dictated by a sense of duty; not that duty which directs your steps annually to the tax office or the jury box, because the law of the land enforces it, but that which is impelled by the laws interwoven with the folds of your hearts. That is the sense of duty which bids you to speak kindly to a weeping child in the street, to climb the rickety stairs of a dark tenement to hunt up the indigent, to distribute flowers amongst the beds of the poverty-stricken, forsaken, hungry-looking sisters in the hospitals—hungry for bread and hungry for a look of sympathy; or, if your means permit, to give of these means—both a permanent benefit to the suffering poor and a lasting blissful gratification to your own hearts.



## SOME OF THE BENEFITS DERIVED FROM MEDICAL LIBRARIES

OLIVER WENDELL HOLMES, whom you will recognize without my adding the M. D. to his name, expressed himself as follows before the Medical Library Association of Boston in 1878: "A great many books may be found in every large collection which remind us of those Apostolic looking old men who figure on the platform at our political and other assemblages. Some of them have spoken words of wisdom in their day, but they have ceased to be oracles. Some of them never had any particularly important message for humanity, but they add dignity to the meeting by their presence. They look wise whether they are so or not, and no one grudges them their place of honor. Venerable figure-heads, what would our platforms be without you?"

Gentlemen, ask Dr. Dudley Allen for an answer. It is he that is my reason for being here and my opportunity to address you. He permitted me to be present at the inauguration of your new library building. Every new library has always engaged my interest; mostly so every medical library. Personal experience of decades ago has added to it. In 1875 I went to Europe for the special purpose of consulting large collections in behalf of a booklet I had promised to write. I settled in small University towns of Switzerland and Western Germany. After spending several months in vain, both their collections and their reading rooms being quite unsatisfactory, I returned to my own bookshelves and the books collected by the New York Medical Journal Association which furnished a richer harvest.

The Medical Journal Association of New York was formed 40 years ago when there was no public medical library in New York City. The New York Academy of

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Medicine had existed 20 years without any. I counted dozens of old, and famous, and learned men amongst its members, but it was the young element that—helped along by the enthusiastic bibliophile Dr. Purple, by John C. Peters, and others—finally fitted up a reading room in No. 64 Madison avenue. Many journals were taken. Several years afterwards the library thus originated was given to the Academy of Medicine, which at that time had its own building in No. 12 West 31st street. These small beginnings created, with slow progress, a large library, now for many years alongside the rapidly growing and richly endowed Boston Library, the largest in the country, except that of the Surgeon General's office in Washington. It contains to-day 70,840 books and 27,080 pamphlets. It would carry me too far to tell you the particulars of our growth. Both professional men and the public have contributed to making the library what it is to-day. A lady who had aided us in creating our new building 17 years ago, gave us \$15,000 for our library fund to enable us to purchase new books—claiming that of all her public donations none had given her the same persistent satisfaction that she derived from her gifts to the Academy of Medicine. I cannot but bespeak for the medical profession of Cleveland—admired for its ethical standing and its contributions to sound practice and to the literary advancement of the country—the same generosity on the part of the public.

A large medical library, besides being the proof of existing culture and of accumulated intellectual labor, fulfills its destiny by giving information. Here the medical man with scanty means will find his text-books and monographs to aid him in unravelling the difficulties of a case on hand. He who has an ample library of his own, will consult rare books, old journals, expensive works. Here a vast number of journals may be consulted from day to day; here those who are engaged in literary pursuits find their historical records. Moreover, and that is a point upon which I cannot insist too much, a library causes the inculcation in a great many of the habit of study and research. Here, as always, opportunity creates demand. In that result the

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public is as much interested as is the profession. The safety of the public requires cultured and erudite physicians. Both the ethical and the intellectual standard of both parties will stand or grow or fall together.

The origin and brief history of medical libraries appear to have been the same at all times.

From Dr. John Morgan's "Discourse upon the Institution of Medical Schools in America," delivered 1765, I quote, according to an address by Dr. Osler before the Association of Medical Librarians in 1902, the following extract:

"Perhaps the physicians of this Association, touched with generous sentiments of regard for the rising generation and the manifest advantages accruing to the College thereby, would spare some useful books or contribute somewhat as a foundation on which we might begin."

That appeal sounds pitiful, *is* pitiful; still it had to be made hundreds of times, and *should* be made wherever the means of professional men are too scanty to establish a library.

Few physicians are in a position to purchase many books; no one has a complete library, not even a specialist may have all the books and journals of his branch of study and practice. That was different one hundred years ago, when the United States had three medical journals: the *Medical Repository* from July 26, 1797, to 1824; the *Philadelphia Medical and Physical Journal* from November 1, 1804, to May, 1809; and the *Medical and Agricultural Magazine* for the year 1806-7, of which only one volume appeared; Great Britain published seven. A well-to-do physician might have bought them all,—but at present? The New York Academy of Medicine takes more than a thousand. If you individually take as many journals as you wish to have handy, your shelf room fails you. Many years ago I erected an addition to my library and piled up books in double rows. Many times, however, when I required one, it was easier to send for it from the public library than to climb up and search it out. When I changed my residence years ago I had to give away 5,000 volumes and learned the lesson of disposing of my posses-

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sions to my own convenience and in the common interest. A public library of 100,000 volumes makes every medical man of the neighborhood practically the owner of 100,000 volumes. By giving away you enrich a hundred or a thousand men without impoverishing yourself. No matter, however, where the library came from, by using it, you and the other men become intellectual and professional twin-brothers. Twenty men working in silence in a library grow in respect for each other, in ethical feeling, in professional brotherhood.

Even the smallest library in a county seat has a similar effect. Indeed, a book is society, even in a poor doctor's office; often the society of a peer, frequently of a superior man. A dozen good books is a companionship of twelve. Those who live alone and practice alone in the country, know that better than we appreciate it. They meet their colleagues rarely, their country societies meet once every two, or three or six months—or not at all. But in a book they may carry a friend on the saddlebag, in the buggy; and in the smallest library of a county society they have as many friends as they can take home with them and give hospitality to.

I am connected with the Association of Medical Librarians and am fully acquainted with the book hunger mainly of those who for the present have to be satisfied with small collections. This book hunger and book appreciation is not, however, a feature of our modern era only. Books and libraries have always been held in high esteem and great influence has always been attributed to them. Assurbanipal, sometimes called Sardanapal, the son of Sanherib, who in 701 B. C. subdued Hiskias the King of Juda, founded in 670 B. C. a school and the Kujundschik Library in Nineveh, for no other purpose than to break up the influence of the learned and teaching clergy of Babylon, and succeeded until Kyaxares the Mede destroyed Nineveh in 606. Since Layard's time, about 20,000 inscribed tiles, part of that Assyrian library, have been stored in the British Museum. The Egyptians had two large libraries at Memphis before Ptolemy Philadelphus established one in Alexandria, which is said to have contained 700,000

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books—that means rolls. It was burned by Julius Cæsar in the war of 48 and 47. To repair the damage, Antony gave to Cleopatra the big library stolen at the conquest of Pergamom—so we are told by Plutarch. Alexandria had a second library of 42,000 books, destined for the purpose of instructing students in the temple of Serapis. It survived until the time of Theodosius the Great and was burned, not by the Mohammedan Omar in 641, but by the Christians under Archbishop Theophilus. Books were always amongst the things robbed, like objects of art pillaged all over Europe by Napoleon.

Pisistratus founded a large library in Athens; Xerxes stole it and took it to Persia, whence it was returned by Seleucus Nicator. Rome exhibits a similar history. Æmilius Paulus brought a library from Greece, the first large one Rome ever had, in 168 B. C., and Sulla added to it from trophies of war. Lucullus robbed another and kept it open to the public. Cæsar planned one, but did not succeed; that of Alexandria he had burned, and the illiterate Gauls did their writing with swords, clubs, and rocks. Under Augustus, Rome had two large libraries. One existed until the reign of the great pope Gregor, who destroyed the books of the ancients because they were heathenish. That Nero burned several, goes without saying. The largest was founded by Ulpian Trajanus—about the time populous cities took a pride in collecting books. The library founded in Byzantium by Constantius was destroyed by the Emperor Leo. The migrations of armed nations of the early mediæval period destroyed men, women, children, fields and towns, and books. During that period there was nobody to care for books except the Mohammedans and the Benedictine monks. Thus it is no wonder that ancient literature is scanty—indeed, it is almost miraculous that so much is left, particularly when we remember that the rolls of papyrus were very perishable. Pliny tells us that the life of a roll of papyrus—parchment manuscripts were scarce—amounted to 100 years, and those lasting 200 years were extremely rare.

You will have recent and old books in your library. Why old ones? Let me here quote Holmes, in whose company I

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like to move always, even when he is mistaken—as for instance in his witty criticism of therapeutics. He has sinned so little, however, that he may be forgiven. He says:

“There is true pleasure in reading the accounts of great discoveries in the own words of the author. I do not pretend to hoist up the *Bibliotheca Anatomica* of Mangetus and spread it on my table every day. I do not get out my great Albinus before every lecture on the muscles or disturb the majestic repose of Vesalius every time I speak of the bones he has so admirably described and figured; but it does please me to read the first descriptions of parts to which the names of their discoverers have become so joined that not even modern science can part them; to listen to the talk of my old volume, as Willis describes his circle, and Fallopius his aqueduct, and Varolius his bridge, and Eustachius his tube, and Monro his foramen . . . I am not content until I know in what language Harvey announced his discovery of the circulation, and how Spigelius made the liver his perpetual memorial, and Malpighi found a monument more enduring than brass in the corpuscles of the spleen and the kidney.”

“There are practical books among these ancient volumes which can never grow old. Would you know how to recognize a ‘male hysteria,’ and to treat it?—take down your Sydenham. Would you read the experience of a physician who was himself the subject of asthma and who, in the words of Dr. Johnson, ‘panted on till ninety’—you will find it in the venerable treatise of Sir John Floyer. Would you listen to the story of the King’s Evil cured by the royal touch?—go to Wiseman.” (Just now I should say go to the learned papers on the same subject published a few months ago in *American Medicine* by Dr. John Knott, of Dublin.) “Would you get at first hand the description of the spinal diseases—which long bore his name—go to Percival Pott, the great surgeon of the eighteenth century.”

Great pleasure is in this. But to consult old books gives us more than a literary or an ethical satisfaction. The study of old literature teaches us many things:

(1) They knew things.

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(2) If they had been remembered much labor would have been saved.

(3) They would teach us modesty, proving that much that is called "new" is very old indeed.

(4) They would give us respect for our ancestors and predecessors.

(5) It makes us respect our race of all ages, and appreciate the slow but steady progress to which 1000 men contributed almost everything, and we only a mite.

Let me give you a few fragments of ancient medicine. You will find much in it that you have considered modern. You will have to excuse, however, the fragmentary character of all my tales. My first reminiscence concerns hydrotherapy.

Musa has become immortal by his success in treating two patients. One was the Emperor Augustus, who recovered from what appears to have been a chronic disease of the liver after the irritating methods of his physicians, under a cold water treatment. The doctor was paid what in the old world was considered royal—obtained the permission to wear a gold ring indicating his knighthood, and a monument was erected to him in the Temple of Æsculapius—while he was alive. But Augustus is dead, like a million other kings, as they should be, the ring has gone, the monument and the temple of Æsculapius have disappeared, and Dr. Musa would not be remembered but for his other patient, Horatius Flaccus, who dedicated to him immortal verses. Such is the difference between kings and poets. Perhaps there is some other point of resemblance between those times and ours. A nephew of Augustus, Marcellus, the son of his sister Octavia, was taken sick and Dr. Musa's colleagues said he had killed him with cold water. You see then as now there were doctors and doctors. The fact is that Marcellus died in the warm springs of Bajæ.

Aulus Cornelius Celsus wrote long chapters on the use of cold water as an article of diet and of therapeutics in all sorts of internal and external diseases. Of all its administrations he uses bathing and drinking more than affusions and immersions—in torpid digestion, constipation, vomiting, fevers, diarrhea, internal suppurations, bloody

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expectorations, dysentery, and inflammation of the lungs. He recommends cold water in sunstroke, sore eyes, headaches, joint inflammations, hysteria, dysmenorrhea; sudden immersion after the bite of a rabid dog, and in hydrophobia—evidently he knows the cases of hysteric disturbances simulating the genuine disease. His directions are very explicit and are more accurate than anything to be found in other authors. *But* to him, and to most ancients, the prevention of disease was of greater importance than the cure, and water was used both for *that* purpose and as an adjuvant to drug medication.

Galen was the most learned and original of all the physicians of the first centuries after Christ. He combined the teachings of Hippocrates with the principles of the philosophical systems of Plato and Aristotle, and added to them what his anatomical studies and clinical experience taught him. Dietetics and regular bathing he taught for both their preventive and curative properties. He distinguished them from exaggerated gymnastics, which he abhorred as improper before the twenty-first year of life. His teaching would be declared modern if he lived to-day. He forbade the bathing of the newborn in cold water—a habit adopted from the ruddy Germans, who always proved the strongest, most heroic and gigantic enemies of the Romans. The modern methods of cold, warm, and hot bathing, friction, applications, and drinking are accurately described. Steam baths, hot air baths, sun and sand baths, sulphur, iron, and vegetable baths, even local steam baths were in frequent use; and Pliny tells us that mud—our modern fango—was much employed. Antyllus and Cælius Aurelianus were his immediate successors, and Oribasius, the learned physician of the Emperor Julian, whom the constantly fighting and degenerate Christians called Apostata, has the following remark: "The water thrown over the body after a bath should be warm in the cases of feeble persons. But the strong and healthy tumble into cold water after a warm bath." Aëtius, Alexander Trallianus, and Paulus Ægineta express themselves similarly.

After all when—or if—this library of yours will contain a Galen, I advise the study of *modern* hydrotherapy in

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these *old* books. They are not yet 2000 years old, and contain many teachings that had to be rediscovered in the nineteenth century by those who never cared for what had gone before and scanned only the horizon confined between their mental blinders.

According to Galen the causes of ill-health and death are of two kinds: some, inevitable, as for instance, old age; others avoidable. It is the duty of the physician, in order to enhance the power of resistance, to insist upon a rational mode of living. Besides, he teaches the obligation to watch over the character of the *young* patients and to prepare them for good citizenship. It is worth while to remember that in the best known peoples of antiquity, medicine and dietetics were intimately connected with rules enjoined by ethics, social institutions, or religion. Moses is an example, and Plato, Aristotle, Erasistratos, and ever so many others give the same rules as Galen. Thus it happened that the function of the physician was more sacred and more revered than it is in modern times. It is only slowly that we, American physicians, acquire a certain dignity as sanitarians; as a rule we count for less than a chemist; and in the courts of justice our fellows appear to strive hard to render medical science and judgment ridiculous,—very much more so than in Europe, with its older experience and less haphazardism. In general, however, Socrates, the wisest man Hellas boasted of—that is why they killed him—proclaimed that the direction of the commonwealth should be entrusted to the physician. In more modern times it takes the very prominent minds to express the same opinion, for instance, Kant and Gladstone. Still I do not know how long it will take us, American physicians, to appreciate our obligations, not only to individual patients or to our hospital wards, but to the commonwealth at large. In Europe, mainly in France, Italy, and Germany, physicians in high standing take prominent seats in the parliaments and in the councils of the state; we, however, participate but rarely in the fulfillment of the simplest duties imposed by the mere fact of citizenship at a time when civilization—as it does at present—exhibits the first symptoms of decay, such as pre-

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vailed when the Roman Republic degraded into a Roman imperium. I would ask those who know, how many of you take the time or have the condescension just to vote?

The study of Galen and the extracts from his writings furnished by Oribasius are very instructive. It is true some of his teaching—referring for instance to the viability of the newborn or to teething—are as full of prejudices as the present popular opinions which a few dozen years ago were still shared by the practitioners of medicine. The brain of hares and the milk of dogs, when applied to the gums, were as effective as they proved to be in the nineteenth century. Other passages and chapters are modern. He prefers the breastmilk sucked by the infant to that which is pumped out and fed. You see, his clinical observation taught him what only a few years ago we learned how to explain by our bacteriological knowledge. Of the requisites of a good wet nurse, of the influence of food on her milk, he was as well informed as the hundreds of modern articles that fill our journals. It must have struck you that many of them are the legitimate offspring of ignorance or naïveté; for there *are* those who as soon as they learn patent facts which *they* never knew before are benevolent enough to publish their newly acquired knowledge; and when they quote at all, they cite last year's productions of a friend. Commonplace facts are seriously presented under the writer's name, which henceforth become a part of overstocked literature. What you find in such essays—remarks on the baby's bedding, cleanliness, bathing, abstinence from alcohol—you may find in Galen, Soranus and others. How much labor could be saved to the individual student—and time husbanded for better work—is known only to those who study the history of their science and art.

Nor is Galen defective in pathology. He describes the aura rising from the tibia in an epileptic boy, and gives ample directions as to the treatment of the disease. Noma is pictured in all its horrible details, though under the heading of "aphthæ," a term which even to-day—for example in connection with the name of Bednar—is used incorrectly. He knows the fact that urinary calculi are more frequent

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in boys than in girls, distinguishes three kinds of intestinal worms, operated successfully on a bad case of caries of the sternum, and studied the changes of the umbilicus with the eyes of a modern pathologist.

I said before that with the old oriental nations dietetics was a part of preventive medicine. The Greeks and Romans looked to it as a means of hardening and strengthening. That was the object of Minos in Crete, and of Lycurgos in Sparta. "The mind of a philosopher in the body of an athlete" was the aim of Solon of Athens. Plato and Aristotle follow him in many of his methods. Pythagoras combined many of his Greek impressions with what he had learned in his extensive Egyptian and Persian travels, and preached the gospel of moderation and temperance. Alcohol was prohibited, or its use limited—no wine being taken unless diluted. Drunkenness was an ignominious habit. In the first book of the *Iliad*, Achilles calls Agamemnon a "drunkard with the eyes of a dog and the courage of a deer." While the Roman Republic was made up of Republicans no Roman—so Ælian (*Var. histor.*) tells us—ever drank wine before he was 35 years old; a Roman woman, never in her life. That was while Rome was a Republic, with republican habits. When they ceased, the Republic was doomed. Our dear Union, the country of the brave and the free, has often been called a modern Rome. We are still a Republic.

Dietetics and hygiene were strictly matters belonging to the state and commonwealth until Hippocrates made them individual and a part of medicine purely, and substituted the physician for the legislator. To extract him or even to characterize him fully, is impossible at this occasion. Much of what he has left for us is the result of unbiassed experience and philosophical reasoning. Amongst his instructions is one that we are taught in our daily observations. It is as follows: "Too little food is as dangerous in diseases as too much. Total and sudden abstinence from food is very injurious. Fluid and mild food is adapted to all feverish diseases."

I shall now thank you, for following me into the history antedating the astounding, almost staggering, apparently

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sudden progress our therapy has achieved within a few years. The serotherapy mainly of diphtheria has come upon us as almost a miraculous revelation, and filled our mental horizon with blissful expectations of more wonders. After all, however, this modern achievement is no Pallas Athene that, lo and behold, sprang armor-clad from the brow of Jupiter.

Antitoxic therapy has a history of several thousand years. What we know of it now is the result of a slow evolution. The methods employed either correctly or incorrectly to immunize the human body against poisons or to cure those who are poisoned, are of ancient date. Lucanus tells of the immunization practiced by African nations against serpent venom since immemorial times; the inoculation of variola was practiced several thousand years B. C. by East Indians and Chinese. The protective power of vaccine was known and employed before Jenner in England, Germany, Persia, and Mexico. The amulets worn by Pericles, and those worn by many during mediæval times, contained mostly poisonous substances calculated to ward off animal poisons and infectious diseases. Mithridates, the king of Pontus, was in constant danger and fear of poisoning. So he prepared antidotes out of many species of blood ("antidotum e sanguinibus"), so Paulus Ægineta says (de re medica VII. cap. XI). Pliny tells us that he mixed with other poisons the blood of ducks fed on poisonous substances (lib. XXV. cap. III). Avicenna recommends the mouse which without injury eats aconitum napellus, for its curative action in poisoning with that plant. Storks, toads, frogs, deer—that either have a great immunity or kill serpents—served the same purpose. Pliny recommends against the bite of serpents the local application of the bile of a poisonous reptile, or the lung of a mashed one. The blood of a cat, an animal which among the ancient Germans was reputed to have some mystic properties, was used against rheumatism and gout; its fur is credited with the extraordinary functions even at present. The blood of sexually immaculate children and virgins cured lepra. Menstrual blood, according to Pliny, procures abortions. Blood of oxen in general was dangerous.

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The same author tells that when taken fresh it is poisonous except in Egira where the prophesying priestess drinks it before descending into her cavern. Herodotus reports that Cambyzes killed Psammenit by that method, and Themistocles destroyed himself, when he feared he would be compelled to fight against his compatriots—the Greeks—whom, like a noble citizen, he loved though they had exiled him.

In some quarters the influence of fresh air and the scent of books is credited with antitoxic properties. I read in the first chapters of the Ecclesiastical History of the English Nation, by Beda Venerabilis—the Venerable Bede—the following: “In Ireland no reptiles are found—(you remember this was in the eighth century A. D.)—and no snakes can live there; for though often carried thither out of Britain, as soon as the ship comes near the shore and the scent of the air reaches them, they die. On the contrary, almost all things in the island are good against poison. In short, we have known that when some persons have been bitten by serpents, the scrapings of leaves of books that were brought out of Ireland, being put into water and given them to drink, have immediately expelled the spreading poison and assuaged the swelling.” Imagine, gentlemen, your felicity. If a single book, even a watered one, saves a man from the demon of a serpent, how many devils will you be able to drive out with your 15,000?

Infectious diseases were always considered the result of poisons—poisons and demons being often identified with one another. Apollo’s poisoned arrows killed the Achæi, the Peloponnesians were charged with poisoning the wells and causing the pest of Athens, the Jews and the leprous that of Europe. The remedies were incantations, fumigations, lotions, ointments, embalming, burning of wood, drying out of swamps—by which Empedocles relieved the endemic of the city of Selinus—isolation of the sick, good drinking water and food, and means to prevent putrefaction.

Hippocrates had no better fumigation than with sulphur, which you also remember from your Homer. In the 20th book of the Odyssey, the hero, after killing hundreds of

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matrimonial candidates, preaches the following funeral oration to the old nurse: "Bring me good things, mother, and curse relieving sulphur for me to smoke out the hall."

The discovery of the specific action of mercury against syphilis, which was more murderous centuries ago than it is now, justified Paracelsus in his demands for a specific therapy. It was the time in which infectious diseases were more than ever attributed to some sort of a poison—no longer, however, sent by gods or demons—which must be fought. The chemiatic school of the seventeenth century looked for it in a prevalence in the blood of the patient of either acids or alkalies, and treated maladies accordingly. A vast number of physicians, however, believed in the presence of small animal beings, minute worms, "vermiculi," which had to be expelled. Thus it happened that for centuries worm medicines, anthelmintics, were in so common use as to become permanent popular medicines. I well remember that my mother had to call in every spring a number of muscular peasants to help her in administering the annual nasty dose.

Nor was this belief new, for Varro (*de re rustica* 1.1) and Columella (1.5) attributed their Roman malaria—without being able to prove their opinion—to animated beings, 1,500 years before the period of which we speak. Two hundred years ago the Jesuit Anasthasius Kircher believed in the same, although he knew of nothing better to ward off the plague than an amulet, while Anthony Loewenhoek, the—for that time—greatest microscopist of two centuries ago, doubted the vermiculi theory. Perhaps, however, the then recent knowledge concerning the itch had much to do with its corroboration. The insect acarus causing it was described about that time by Ettmüller, Buonomo and Cestoni; still, though it was observed in two different countries, it was forgotten until it was rediscovered by Oscar Simon, of Heidelberg, only 60 years ago. The fate of this small, but after all self-asserting, insect may contain a warning to my friends. The acarus was known to the Arab Abenzoar, who died 1162, also the men whom I have just mentioned, also to Hauptmann of Dresden, who did not appreciate its importance,

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in the eighteenth century, and to Wichmann a century after him. If they had known the history of their science they would have been spared the disappointment of ignorance. Something similar happened to Biett, the great Paris dermatologist, nearly a century ago. In his clinic he was told by a Corsican student that the old women of his island scraped small animals out of the skin. Biett did not mind the tale, and proves to all of us how easily our—I mean (yours and mine)—ignorance or inadvertence may deprive us of literary and humanitarian immortality. *Sapienti sat.*

My rapid review must not omit the name of Christian Johann Lange (1653-1701), who laid the foundation for internal antiseptis by using balsamics for the purpose of destroying “animated corruption”; and that of another Leipzig professor, August Quirinus Rivinus (1652-1723), who favored the use of calomel. About that time cinchona entered upon its triumphant march as an anti-febrile and antiseptic; it was so powerful as to convert even Sydenham, the great Hippocrates of modern times, from his Hippocratic principles of elimination and patience, to a demand for specific therapy. He had many followers.

Bohn and Boerhaave, also Theophilus Lobb, recommended a mixture of mercury and antimony for variola; and Marc Anton Plenciz, of Vienna, the most radical adherent of animated pathology, prescribed cinchona and vermifuges in all forms of infectious diseases.

It is interesting to quote a few additional extracts from our Anglo-Saxon literature. In his “*Sylva Sylvarum* or a Natural History” Cent. IV., Francis Bacon prophesies as follows: “It is an inquiry of excellent use, to inquire of the means of preventing or staying putrefaction; for therein consisteth the means of conservation of bodies; for bodies have two kinds of dissolution; the one by consumption and desiccation; the other by putrefaction. But as for the putrefactions of the bodies of men and living creatures—as in agues, worms, consumption of the lungs, impostumes and ulcers, both inwards and outwards—they are a great part of physick and surgery.”

Richard Morton (Amstelodam, 1696, II. cap. 7) took

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cinchona to be simply an antidote for the "fermentum febrile" which underlay all infectious maladies. That impression was lost sight of until in this century my old friend Ginz in Bonn restored it to its position in fevers and also in whooping cough. John Pringle (1750) asserted its antiseptic power, and added myrrh, camphor, serpentaria, valerian, and chamomile—not our Roman, but vulgaris—also alum, mineral acids, and resins; William Alexander used cinchona, willow, and chestnut; Berkeley, tar-water.

A very modern idea, reminding one of Pasteur's treatment of hydrophobia, occurred to Stephen Wesspremi, a Hungarian, who published at London, 1755, his "tentamen de inoculanda peste." He was followed by a Russian, Samoilowitz, 1771. Both used the pus of plague externally, after scraping the skin—with the belief that the poison "*half destroyed and almost degenerated*" would still immunize the human body. In a similar way Francis Howe recommended the inoculation of measles (Med. Facts and Experiments, 1758), which method was approved by Alexander Monro. By all of them, and others, the number of active or indifferent remedies was increased, so that about 1800 besides those I have mentioned, and many I omitted—the applications and fumigations of vinegar, chlorine, sulphuric, nitric, and sulphurous and nitrous acids; also alum, ammonii carbonate, and camphor—the latter too much neglected amongst us Americans, in spite of its marked internal stimulating powers—were in common or frequent use.

In addition to Gottlieb Henle, Professor in Heidleberg and in Göttingen, who in 1841 in the preface to his general anatomy expressed his firm belief in the organic animated origin of infectious diseases, I should mention a very few names. Gottfried Eisenmann wrote in 1835 a book on "the vegetable diseases and the poison-destroying curative methods" (Entgiftende Heilmethoden). Without at that time being able to prove his position, he attributed infectious maladies to proto-organisms—so-called monads—and recommended disinfectant remedies. He used calomel, creosote, and acids. He advised the selec-

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tion of "remedies not dangerous to the organism but deleterious to the morbid virus," and prophetically stated what is so beautifully demonstrated by our modern serotherapy, that *not every remedy will be adapted to every disease*. There were two great reasons why Eisenmann was prevented from exerting all the influence his great gifts were destined for. One was the predominance of pathological anatomy and of the therapeutic nihilism of the Vienna school some 50 or 60 years ago, according to which the sick, as I have shown elsewhere, were told to be satisfied with being diagnosticated and autopsied. The other was his long imprisonment of a dozen years. The best minds and the warmest hearts of the European nations were always with the people against the absolute brutality of their rules. Thus it was that Silvio Pellico, and Maroncelli, and Eisenmann suffered in black dungeons; thus it was that Germany deprived itself of its prominent geniuses; thus it happened as a fortunate offset, however, that the West of this Union was made accessible to civilization by that immigration of oppressed and impoverished millions, and that our country was blessed with the presence and the labors of Follenius, Francis Lieber, and the greatest and noblest of them all—Carl Schurz.

In order to be just, and it is easy to be just, I shall close my remarks on this historical introduction to our modern bacteriological knowledge and serotherapy with a few names that some of you may not expect here. I allude to homœopathy. Hahnemann was a learned man and knew history. So he took bodily and boldly his potential doses from Arnold of Villanova (1400) and his *similia similibus* from Paracelsus, and there was nobody, it appears, to tell on him. Under the influence of the growing spirit of science, he believed in specifics, but as he was jealous and querulous, they must not act on morbid processes but on symptoms. Fortunately, the homœopathy of the present day approximates Hahnemann less and medicine more.

One of his most intimate followers, for a few years, at least, was a veterinary surgeon named Johannes Joseph Wilhelm Lux. He wrote a book with the title "The Iso-pathology of Contagions; or All the Contagious Diseases

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Carry the Means of their Recovery in Their very Own Infecting Matter," Leipzig, 1833. When I was a clinical student, Germany had forgotten him almost altogether. Even to-day it takes historians like Max Neuburger, to whose book on "The History Preceding Antitoxic Therapy" (Stuttgart, 1901) I owe many of the facts I displayed before you,—to know and appreciate him. Some remembered him as a perfectly ridiculous, or laughable, or despicable person who could grow nowhere but on the soil of a sectarian medical faith. But if anybody has ever come near the idea underlying the serotherapy of modern art, it is Lux, the despised homœopath. "*Fides communis, altare commune*,"—A single faith, a single altar. Nothing proves that more than the revelation coming to us through the cloud-piercing intellect of the forgotten village veterinarian.

In my remarks I have not meant to be an historian only. I have myself been a practitioner for more than half a century, and I cannot miss an opportunity to be practical, and, if possible, useful to a few of my colleagues still younger than I.

While history teaches many pleasant lessons, some have a bitter after-taste. The study of the history of medicine would save a great deal of labor and disappointment to the individual practitioner, and much suffering to mankind. Even the great men in the profession commit sins that should never be washed off the memorial tablets of our science and art. Of the dereliction in that respect committed by one of the great names in medical lore, J. K. Proksch, the learned syphilographer of Vienna, gives a terrible example, viz.: Ricord, the great Frenchman whose name is forever illustrious in the literature of his specialty, proclaimed in 1838 the innocuous character of the secretion of secondary syphilis when transferred to a healthy person. That oracular assertion tempted nineteen medical men in all countries to infect and ruin for life seventy-seven persons on whom they made experiments. Before that very year, 1838, fifty monographs had been written on the same subject—all of them positive in their proof of the dangerous nature of secondary syphilis. As early as 1496 a heavy fine laid in Switzerland on those who used

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a second time a tool or knife employed on a syphilitic patient. Epidemics of syphilis transferred by cupping instruments were observed in Brünn in 1577, and afterwards in many other places. Rust, in 1805, described the prevalence of infant syphilis in Cracow contracted through the manipulations on Jewish babies by the circumcisor. Extragenital infection has been treated in all text-books for hundreds of years, and in more than one thousand monographs. And still these facts were not known to Ricord, and are not known to some of *us*; else a single occasional occurrence would not be considered worthy of being given a place in a medical publication. A student who before graduation had been told the truth about these things would never spend his time in displaying his ignorance before his peers. But history is almost never taught in American schools; our books on the history of medicine are very few. The centennial history of American Medicine, written in 1876, and the books of Gross, Packard, and Mumford are not on as many shelves as they ought to be—or are shelved too soon. Even in Europe this important branch of our knowledge is rarely represented in special professorial chairs. The same writer, Proksch, gives us one hundred references of syphilis of the veins, others of syphilis of the bladder, of the ureter, of syphilitic fever—cases which are still described as exceptional, though the latter was reported by De Vigo and others four hundred years ago.

How much may be sinned through ignorance of what has preceded is shown by the example of John Hunter, who denied the occurrence of visceral syphilis, though it had been described by those gigantic landmarks, Paracelsus and Morgagni.

It must be admitted that the neglect of history and the disrespect of knowledge antedating our time, and the attempt to rediscover and rehash old and sometimes trite things, appears to us, the average men, as justified or at least explained by the neglect of history shown by our betters. As long as our universities do not teach it, the pupils feel encouraged to neglect it.

That is why good and conscientious articles on medical lore are comparatively rare with us. On this side of the

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Atlantic we have no historical journal except that published in Brooklyn by the Secretary of the Association of Medical Librarians, and very few historical societies except those connected with Johns Hopkins, with the College of Physicians of Philadelphia, the Charaqua Club of New York, and a few others. Even European literature shows the symptoms of decay. I know, for instance, of no poorer compilation than the second half of the third volume just finished of the voluminous history of medicine by Pagel and Newburger, which was planned by that honest and immortal man, the late Professor Puschmann of Vienna. The enthusiasm and profound knowledge of this great searcher and of the editors seem to have been succeeded by the meretricious haste of a publishing tradesman.

Just let me give you a few instances of the disregard of discoveries or observations that were made during my own lifetime. In 1830, Eisenmann, at that time already quite an authority, recommended diluted chlorine water as a preventive and curative remedy in gonorrheal ophthalmia of the newborn. The advice was not heeded, and nothing came of it except more blindness for thousands of babies. We waited until 1881 for Credé's recommendations of a two or one per cent. solution of silver nitrate. The poisonous effect of big doses of potassic chlorate was known; first in American journals, teaching, and books, since 1860, 1876, 1879, 1880; hundreds of poisoning cases were then and afterwards known and published both here and in Europe, and there is quite a literature on that important subject; still an occasional case is again and again published by men who think they have found something new. Clinical experience had shown the digestibility by the newborn of dilute decoctions of cereals as an admixture of cow's milk; moreover, in 1870 and afterwards, physiological experiments proving the same things were published by Schiffer, Zweifel, Korowin, and others. Both clinically and experimentally the difference between the casein and fat of different milks was proved. All to no purpose. Hundreds of papers and books would fight or disregard for decades these simple truths, and gradually, only at present, hundreds of papers and books tumble over one another to

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prove by the rediscoveries made by professors and instructors, and infant home doctors and chemists, and sanitarians generally, that both in disease and in health flours may be indicated, or are indicated. There are even those who at last have the courage to admit that Nature herself knows something, and that not every baby dies that is not manipulated by mathematics and engraved bottles.

American literature, quite accessible, has proved that pyelitis in children is not at all an infrequent disease; for stone and tuberculosis of the kidney is frequent, and gonorrhea not rare. In spite of that an American physician practicing in a large city has within two years published in a German magazine a single case of this, to him, not to others, rare and unheard-of disease.

The same should be said of nephritis in the newborn. It is very frequent and dangerous. American literature, quite accessible, proved it at least these ten years. Single cases of this alleged rare disease encumber our magazines, and their reprints our waste paper baskets.

Home, the Englishman, and Bard, the American, proved the identity of pseudomembranous croup with what later was called diphtheria nearly 150 years ago; again another American demonstrated the same fact 40 or more years ago. It has taken many new discoveries of the old truth before it became palatable.

And so on, ad infinitum; but I must after all not forget our immortal Joseph O'Dwyer. This conscientious and modest man worked over his plans to intubate croup-infected larynx for years, unaided, doubting, and hoping. Then he was shown in American and European books that Bouchut came near perfecting the same plan three decades before and was thwarted and discouraged only by the narrow-mindedness and jealousy of the French Academy of Medicine. O'Dwyer's lot was cast in different times and amongst more open-minded and ethical colleagues. The American profession hailed the new discovery with enthusiasm, and could only deplore with O'Dwyer their and his ignorance of previous achievements obtained in another country.

What is it that all these mistakes should teach us, both

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the old and the young? First to learn from one another; that is what we accomplish in not living the lives of hermits, but in society. I never was in a meeting that did not teach me something. I always knew I could learn from the young, for it is the young men, who, through their industry and the teaching they enjoy of all that is modern, and the recent laboratory methods, are enabled to pay to us and to mankind the debts we left unpaid. When people point to an old man who kept abreast with the advancing time, be sure that he is one of those who never lost their contact with the hardworking and unpretending modest young. On the other hand, the young will soon learn that their inexperience, their inability to cope with all the special efforts which make the perfect doctor, will inspire them with the respect due to advancing years, when applied to the absorption of scientific facts and the service of suffering mankind. Indeed, do not forget, my young friends, that all your special laboratory work must be applicable to a therapy, that means the prevention and cure of disease, and becomes sacred only through such application. Old Cicero told you two thousand years ago that there is no glory in anything that proves useless to mankind. There is another thing which should not be overlooked. Compared with the long history of mankind, of intellectual efforts, of slowly evolving science and art, we are all young. What neither you can teach us, nor we can transmit to you, our co-operators of to-day, of the last century, of all centuries, may teach you and us. Therein lies the blessing of a competent library such as you possess and will be able to enlarge through your own efforts and the generosity of a cultured public.

ADDRESS AT THE OPENING OF THE NEW  
ANNA OTTENDORFER DISPENSARY,  
MARCH 16, 1907

ARISTOTLE once said that whoever should watch things grow from the very beginning would see them at their best. In this grateful position am I. Fifty years ago a dozen physicians of German birth in New York united for the purpose of offering medical assistance to the poor sick of German birth who were not familiar with the language of the country. Our leader was Ernst Krackowizer—simple and learned, mild and virile, modest and distinguished, kind and wise in his judgment of things and men, unshaken and inflexible in his principles, exact, brief, abrupt in his sense of right, practical and farsighted in public matters, indefatigable in the service of these united institutions, of the city and of the country, at all times ready to serve and ready to give, the great self-denying and self-forgetting citizen and physician. The greatest ornament of this beautiful hall will always be the name of Krackowizer. The silent hill at Sing Sing has covered his tomb these thirty-two years. He left no successor to equal him, for the Ernst Krackowizers and the Carl Schurzes happen but once. The physicians must come together in order that united they may accomplish what one individual has done and might have done. When two or three of you come together in his name and in his spirit then is he among you. Historic truth demands that it be definitely stated that the foundation of your dispensary, which has preceded that of the hospital by eleven years, did not originate with any existing, no matter how meritorious, organization, but with a free association of physicians with which a certain number of well-meaning, perspicacious, and generous citizens have associated themselves. Their names, Mr. President, have been made public years ago when there was published a

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short history of the German Hospital, and also on other occasions. The shortness of time at your disposal makes the mention of their names to-day impossible, yet it is the duty of all of us to call to our memories what they have accomplished. Above all we must not forget that the difficulties both with regard to the erection and maintenance of both institutions had accumulated to such an extent that their discontinuance, at least that of the hospital, seemed to be imminent. But if none of our saviors can be named, yet the beautiful building, suited to its purpose, where we are now thankfully and hopefully gathered, makes it impossible to pass in silence the names of Anna Ottendorfer and her family. The large gifts which this institution and the German community of the city owe to them have been more than single and momentary gifts. They have opened other hearts, have broadened other minds, and have helped deliver us Germans from the provincial narrowness of our views and from our miserable little personal concerns. The grandeur of American enterprise and philanthropic giving in the general interest, without far-fetched theorizing fondly styled "research" about facts which must be familiar to everyone possessing an eye for social and moral obliquity and an ear for the loud or the suppressed cries of distress, has created or further developed the inclination towards philanthropy on a large scale, has awakened the consciousness of humanitarian obligations, and has in many instances directed civic duty toward the common weal. It is not true that it is only the repulsive and the diseased which is contagious in the physical, moral, and political life. The beautiful, the inspiring, and the decent create a pure atmosphere of their own. Were this not so, then neither Moses, nor Buddha, nor Christ, nor Bruno, nor Fichte, would have helped to bring about purer or more humane ages than those which elapsed before their time. So also each man, each family, rises to immortality through the grace of their influence, though their names be not engraved on tablets of brass.

This assemblage will find it natural, if in this house, which is dedicated to the medical art, science, and practice, and on an occasion of such importance as this, which be-

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sides coincides with a semi-centennial celebration, I shall devote my remarks especially to my colleagues. I speak as an equal to equal. We are all children of the same age, approximately, of our fathers, Hippocrates, Sydenham, Virchow. I am not therefore a voice from another world, only I have a more vivid recollection of certain things which have not yet fixed themselves in your younger memories. I know you recollect with pleasure the many good deeds you have performed, and you think with regret of the little harm which you could not help doing,—they call it “experience”—but neither of these shall be forgotten, not by us, the good or evil-doers, not by the public, not by the lay mind.

The dispensary started out with great energy. The service to the sick was of course attended to punctually. The interests of science were also foremost in our minds. Besides a free, unorganized monthly meeting, the membership whereof stood in no connection with the dispensary or hospital, which held its sessions in a private dwelling and kept them up without interruption for fifty years, there was a regular scientific society of the dispensary. It existed for ten years, then went to pieces, was revived again, and again died of weakness. Increase in numbers is not always, not even often, a source of strength. No matter what the cause may be the fact bespeaks a deep-seated evil. At first altruism and scientific endeavor went hand in hand. The medical journals of the country published valuable contributions which owed their origin to the labors of the German Dispensary. Books also appeared from the same source, and the physicians made the name of the German Dispensary and later of the German Hospital and Dispensary familiar in the most popular and scientific circles.

This happy condition of affairs has not always existed, however. It is a matter of common experience that when there is no broadening of a program, where there is no noticeable increase in the output of energy, whether in a man or in an institution, then not only is there no advance made, but retrogression sets in. We must be on our guard against such an unfortunate condition of things.

There is another danger which we did not escape, at

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least at times. The considerable distance between both institutions has separated them not in regard to locality alone. There was a time when there no longer existed any physical or spiritual unity between the physicians of Second and those of Park Avenues. What threatened to occur has at times actually happened, estrangement, disagreement, and lack of co-operation. When dispensary patients in need of hospital treatment are not directed to the sister institution, but to other hospitals, or to none at all, the needy public loses the advantage which from the combination of scientific and philanthropic effort it had a right to expect. The two institutions must supplement each other without any discord, without any misunderstanding between individuals or organizations. The latter must quite frequently exhibit that wisdom which is wanting in the individuals and carry the responsibility for the fulfillment of the expectations which naturally rest on an institution of public usefulness. In the last instance, Mr. President, the responsibility is yours in regard to everything you offer the public, science, art, appliances, and physicians. So long as you, gentlemen of the board of directors, hold fast to the rule—I have always considered it faulty—that your hospital medical staff must be recruited only from the dispensary, your responsibility is doubly great. It is then your duty to find means for providing the dispensary with the choicest medical material in order that through ephemeral comradeship, or other personal motives, it may not be supplied with candidates who, once in, would only have to wait long enough to become eligible by this fact alone, for the hospital service.

There is something else on my conscience. I must out with it. For it is possible that, in the words of the poet,

“Not once in fifty years again,  
My path may lead me through this plain.”

Physicians who have the good fortune of working in a public institution, such as the German Hospital and Dispensary, enjoy a great advantage. The observation of ordinary and of rare cases makes for an accumulation of

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knowledge, and they have the satisfaction—I shall only say the opportunity—of becoming in a comparatively short time good, perhaps even great physicians. No one ever becomes a doctor from books alone, from the study of anatomy alone, or the laboratory alone. These are nothing but aids to the making of a physician. You only become a physician at the bedside, and that only if you possess brains and heart and clear young eyes all your life long. If you are a private physician you can do as you please with your accumulated knowledge. You employ it to the best advantage of your private patients and thereby your full duty is ended. If, however, you are a physician to a public institution which gave you an advantage over every one else, which places at your disposal its laboriously accumulated pecuniary means and its laboratories and its specialists, who are ready to help you out at all times, you must consider yourself a privileged officer of the community, and have no right to be satisfied with doing your personal duty towards those who are directly placed in your care. The public institution, the civic establishment, renders to you, sir, good service—*noblesse oblige*—you have then duties towards the public, towards society, and you must fulfill them. Hospital walls, behind which observations are made and knowledge, new and old, is accumulated, which are not applied to the use of the spiritual capital of humanity, are like a sphinx which holds its mouth eternally in such a manner that you don't know whether it really has anything at all to say. Hospital physicians who never write are not in the right place. If they will not teach they should give up their place to others who can and will. Large hospitals, true to their duty, and far-reaching in their policy, in all countries and a good many in our own country and city, render great service to the progress of science and art. Large hospitals which from year to year make no use of their splendid scientific material, which publish no scientific reports, and thus do not help to enrich the common treasure of human knowledge, still render service, but in the limited way of the small retailer, while they do not materially alleviate human distress. A modern hospital is at once a humanitarian and a scientific institution, not a cloister, not a dungeon of a

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stronghold which, though seen far off, remains silent and inaccessible.

If the German element of the United States has become one of the most important factors in that fermentation process which is destined gradually to produce on this soil a new nationality (ignoring the fact that there once existed misguided enthusiasts who proposed to found in this country purely German states), then the German physicians of your combined institutions, supported by you and our colleagues, must apply the knowledge accumulated under your auspices not only to your patients, but to the good of all, to the enrichment of the common sum of knowledge, which our modern America contributes to the creation of a cosmopolitan and not only a national medical science. Thus is the task of the scientist correlated to the duty of the citizen, and the co-operation of the physicians and of the executive board becomes one ideal entity. All your physicians must co-operate to that end, all our laymen—the young generation, which has the advantage of growing older and wiser every day, and the old folks,—may they be granted the blessing of never growing senile. The work must be equal. The older must not let up, the younger may find consolation and stimulus even in the pessimistic Schopenhauer: “What one possesses in his own person comes to him never so handy as in his old age.”

Allow me, Mr. President, to quote once more the saying of Aristotle: “He who watches things grow from the beginning will see them thus to best advantage.” The beautiful thing is that your joint institutions have in their process of formation developed from the very beginning into a medium of culture. Not long after their foundation, these institutions have lost their specific German character. True it is that thus far the gifts have come from German hearts and out of German pockets—the magnificent contributions of the last weeks have once more demonstrated this—true also that our ladies’ society and our singing societies have remained purely German bodies, but neither physicians nor patients have preserved the original character intact. The latter have not for a long time been classified according to sects or nationalities; the attending

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physicians are in part not born Germans and not educated in German universities, while most of the alumni, former house physicians, many of them prominent in the profession, have been educated in American schools. This change has come about in a slow but steady way and furnishes one example of the gradual blending of cultural elements of various sorts. Thus your great institution presents an example of a microcosm in its natural formation, an exact parallel of what is going on on such a magnificent scale in the life of the American people. The oldest officer in your institutions can only rejoice and wish you good luck from the bottom of his heart on the results which you, together with your co-workers and predecessors, have accomplished. The enthusiasm of Ernst Krackowizer and Willy Wallach lives and comforts us to this day. Truly I say unto you, the gods are still with us.

“Still blooms the world like a rose,  
From day to day it better grows;  
And what will bring the coming day  
No one is wise enough to say.”

The altruism and the idealism of those days of long ago are still at work to-day. On this soil and in this country, the history whereof is as rich in examples of the ideal in thought, in patience and in labor, as that of our own illustrious and much-beloved home, we can only greet with joyful hope whatever the future may have in store for us. But above all let us not forget one thing. Gratitude for results achieved, gratitude for benefits enjoyed, gratitude for the opportunity of laboring in the cause of science and philanthropy, and gratitude for the treasure of hopes with which our future is filled.



## THE PHYSICAL COST OF WOMEN'S WORK

ONE of the philosophers of what has been called the nation of thinkers has proclaimed his conviction that whatever is, is rational. One of the maxims of another is that he believes a thing *quia absurdum est*—because it is absurd. I suspect you are not philosophic enough to share these opinions. If I understand this movement of yours correctly, it means to undermine gradually, and perhaps to remove, conditions that are irrational and absurd. Such conditions have always existed, but it is mainly the last two generations that have evolved a struggle between the soulless industrialism of one set of people and the sensitive conscience and foresight of another,—not to speak of that class in whose behalf the contest is undertaken.

The motives of both, as we observe them at present, are the outcome of economic development. We are all agreed about that. Our difficulty is in overcoming impediments in the path of an evolution that shall be more human and humane than merely commercial. We all—inclusive of those whom you must meet in your legislative contest—agree that it is desirable, aye, necessary, if possible—to insure to every living creature a certain sum of comfort and health. That sum may be a temporary minimum. That is what religious, philosophic, or economic reformers—sometimes praised, sometimes persecuted, as “socialists”—have been and are working for. That human society will ever reach the ideals of socialism—viz., liberty, equality, fraternity, and solidarity—may be doubtful. For equality we may never attain. Solidarity, however, must become the underlying principle of humanized society;—and liberty, which is inscribed on every flag of every republic, must become different from what at present it is to many millions, who have only the liberty to be killed gradually or to starve. To what extent the women

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of the land are oppressed or injured by this sort of liberty, I have been asked to illustrate, from a merely medical point of view.

Before I do so, however, permit me to quote from the report of the Commissioner of Labor of the State of New York, for 1906, which reached me three days ago. On page thirty-eight he says:

With the exception of the provision of section 81 [of our labor law, which requires exhaust fans on machinery creating dust] and that part of section 93 which forbids the employment of women or of boys under 18 at polishing or buffing, there are no provisions in our laws relating to the injurious effects peculiar to certain trades.

A very poor showing for the "Empire State." While stating that there are in our State comparatively few establishments manufacturing peculiarly noxious products—such for instance of those of lead—the Commissioner admits that "with us those trades in which unclean workshops abound, are the most noxious." He speaks of them as if unclean workshops were a law of nature; still tonight's papers tell us that he has succeeded in bettering the low bakeries. We should be permitted to suggest airing, and washing, and scrubbing. There is, by the way, only one thing in whose behalf no suggestion, no desire, no dismay or disgust will ever do good. That thing is the streets of New York city. It is so true that Waring is dead.

Another quotation may be borrowed, from page 60:

Except for the administrative reason that it makes it easier to enforce the prohibition against overtime, there is no present necessity in this state for the prohibition of night work by adult women. On the other hand, if enforced, it would deprive some mature working women, employed by night only at skilled trades, for short hours and for high wages, of all means of support. And the prohibition, in its application to factories only, seems rather one-sided when we consider that probably the hardest occupations of women, those of hotel laundresses and cleaners, are not limited as to hours in any way. But against all that should

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be offset the fact that there is a serious danger to be averted, a danger that has caused nearly all the countries of Europe to forbid the employment of women in factories by night. But the deduction from their example must be qualified when applied to conditions here, because the term factory means different things in different countries. Generally abroad it includes only mills using power machinery, while with us it includes all kinds of workshops. If our highest court should sustain the Court of Special Sessions in holding this prohibition to be unconstitutional, probably the object sought by it could be attained in other ways,—by specially regulating night work, by requiring shorter hours, extra provisions for light and air, and all manner of protection and conveniences, and perhaps by prohibiting it in certain industries.

This last line might have been underscored. (Indeed no legislature will ever cover every case.) For there is no possibility, as long as there are no changes in our social line, as long as competition and rivalry make it appear that individualism changes all neighbors into enemies, that under certain circumstances no limit can be enforced to voluntary self-destruction by dangerous occupations and overwork.

Three days ago there appeared before me a woman forty-two years old. She looked sixty-eight, lived in the country one hundred miles away, reported no disease—not even our indigenous malaria. She had no organic trouble, but had no appetite, no strength, no blood, no nerve power. What did she want of me? She had heard I was an old doctor—that is true; also that I had cured many people—for argument's sake I plead guilty. Her history was this: She had five children and had had a number of miscarriages; she took care of five children, one husband, one workman; did the cooking, scrubbing, washing and mending for eight people; was always sleepy and tired, but could not sleep and could not eat; she went to bed at eleven, got up at five, and thought she slept three or four hours. No law of the land will reach her case. Whether she will tell her husband that I advise him to spend money not on a doctor or a druggist, but on domestic help, I do not know; but I do know that there are one hundred thousand women of the kind in the state

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of New York whom no legal enactment will ever protect. To the same class belongs another specimen. A woman, middle-aged, has the following story: Seven children, one husband, one basement grocery store; she opens the store at five; she closes it at eleven; she does her washing and housekeeping in a few what are called rooms behind the store, attends to six children, has no time to sit down to a meal, and—wants a prescription to make her feel strong, and well, and cheery. I know of only one prescription; that is a different configuration of human society, with less individualism, more solidarity, and more sense of responsibility on the part of society and state. I know also that there are many hundreds of just such grocery women in New York city.

We doctors are often asked for a prognosis; for the prediction of the duration of a disease. Such a disease in an individual is incurable. Society and state may require fifty or a hundred years to transform such conditions into ancient history; but no revolution should be required to change all that. When I was sixty years younger I had *that* faith. At present I have more faith in evolution than in revolution. Part of such an attempt at evolution is what you are engaged in to-night.

These two women—specimens of a large class—may also be taken as the representatives of those women who, —like laundresses of hotels or elsewhere, and cleaners, alluded to in the Commissioner's report—are liable to work at irregular hours and beyond endurance. If no benefit can be conveyed to them by legislation, let us wait until their turn will come, and try to accomplish the intentions of your bill which passed Congress to-day but for which no appropriation has been secured.

We constantly meet the official acknowledgment that our factories are not regulated by laws as they are in European countries. Only now Mr. Prentice has introduced his Assembly bill No. 80 for the purpose of enforcing a fair amount of ventilation in factories. Even that is a difficult subject, for ventilation is a very deceptive term. We in New York speak of it very glibly, forgetting that there are still 300,000 rooms in greater New

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York without a window. And a window is of very little use to the lungs and blood when it cannot be opened, as may be the case in a New York tenement house, or is nailed down as in a farm house, so as to give human and animal vitiation and the pestilence of bad cooking no loophole to escape. Our state law requires 250 cubic feet of air-space per person by day and 450 by night. What are these cubic feet filled with? Of good country air 10,000 parts contain 3 parts of carbonic acid gas; city air holds 4.5 in 10,000. In no room more than 6.5 should be permitted; in the schools of Massachusetts, however, eight are allowed as the limit. Meanwhile gas is burning. One gas burner produces as much carbonic gas as is engendered by six persons. But after all, air containing only an undue amount of carbon dioxide is still chemically clean. Now add to it the accumulation of disease germs both floating and deposited, and the vitiation by hydrogen sulphide and other gases, and you may infer to what extent the life of the blood is sapped, metabolism disturbed, nerve power wrecked, and the general power of resistance undermined. Nobody is more exposed to all that than your factory women and children.

In order to obtain practical results our New York state Commissioner of Labor, Tecumseh Sherman, intends to create, if he be permitted, the position of a medical inspector of factories, a single one, compared with a number of similar officers legalized in Great Britain. We must hope that he will succeed, in order to attain at least a theoretical recognition of the fact that it takes an experienced eye to discover shortcomings in the surroundings and the physiques of the young female workers.

Within a few years we shall, I hope, wonder how a civilized community could get on without such a professional supervision; for the present it may meet the same hesitation or opposition that prevented medical supervision in the schools of New York a few short years ago.

What I say is not theoretical. It ought to interest you to know what to a practitioner of medicine is a daily occurrence. That is why I wish you to follow me into my office where, amongst others, I see a goodly number of

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young girls who work at tobacco—mostly in shops, many at home. The latter are worse off than the former, for to them there are no regular hours at all. To them their cramped living and sleeping quarters are also their shops, filled day and night with tobacco odor and dust. All of these patients are anæmic, sallow, thin, underweight. They are poorly paid, poorly nourished, early risers—for they begin their work at seven—without appetite. Their breakfast consists generally of what they call a cup of coffee, a roll or a piece of bread. They take their luncheon in the half hour or hour of recess—a sandwich, perhaps in cheap seasons, an egg. Almost every one suffers from catarrh of the throat, and catarrh of the bronchial tubes, and the inhalation of tobacco dust which results often in solidification and pigmentation of the lungs. Their circulation is incompetent to keep off the influence of the changes between the warm or over-heated, ill-ventilated shop and the open air. “Colds” are common—both acute and chronic. Their sedentary occupation causes constipation and obstruction of the abdominal and pelvic organs, frequently causing irritation of the kidneys. Bright’s disease is becoming more common partly from that cause. Irregularities of menstruation are the rule; hemorrhages not at all uncommon. Like the pelvic organs, the lower gut is congested, rectal varicosities, blind or bleeding piles, are frequent in these very young persons. The stomach and digestion suffer invariably, partly from the same causes, partly from the insufficient muscular action of the stomach and the bad air inhaled. All of these causes co-operate to affect the nervous system. Depression, migraine, hysteria, are the results. During the constant sitting the chest does not expand, is flattened, compresses the heart, and prevents the lungs from developing. Tuberculosis of the lungs is very frequent among these young tobacco workers, who are carried off in great numbers between the fifteenth and twenty-fifth year.

The menstrual complaints I alluded to are liable not to be temporary. The impediment to pelvic circulation gives rise to early dysmenorrhea. This excessive suffering, sometimes amounting to agonies of pain, is frequently of

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an inflammatory character, and is mainly acquired in the very first years of maturing life. Inflammatory character—that means a morbid alteration of the structure, that means tendency to perpetual invalidism, and doctoring, and quacking, and sterility, and habitual abortion, and lifelong misery. This is the picture for one; it is the same for twenty thousand in New York city.

That same period is also the time for that anomaly which shows itself in the shape of chlorosis. It is not finished with the fifteenth or sixteenth year; it extends into the eighteenth and even further on. The resulting physical, moral and emotional debility is of long standing and is frequently connected with ulceration of the stomach. Ulcer of the stomach, with its intolerance to food, excessive pain as soon as any food enters the stomach, sour eructations, vomiting of food, sometimes fatal through general exhaustion or suddenly through perforations of the stomach, is preferably a disease of young, over-worked girls, and is often observed in every physician's office, or in the tenement, or in the hospital.

What I tell you here is of frequent occurrence. Hundreds of them pass before my mind's eye. Hundreds of cases of misery I remember that lasted through decades; and scores I have seen die in their young years, before ever the glow of youth or the enjoyment of life's sunlight dawned upon them. They always remind me of what impressed itself upon my boyish mind more than sixty years ago when I studied the history of the peasant wars of four hundred years ago. That peasant boy who, when he was to be hung on account of having wanted to be free and happy, exclaimed: "Poor boy; must I really die now before I ever even knew what it was not to be hungry?" That boy has contributed to making me a revolutionist in young years. Those thousands of girls whose ailments and unsatisfied longings for health and human existence I have tried to sketch for you should contribute to giving you the wise heads and warm hearts of reformers.

According to the annual report of the factory inspector in the State of New York food, liquors, and tobacco employed 29,745 women over sixteen years of age, and 919

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girls below sixteen. In textile work there were 49,165 over and 2,756 under sixteen; in clothing, millinery and laundry work, 118,311 over and 2,329 under sixteen years. Of these latter classes many patients will apply. I speak of such only as I see in my own office; most of them apply to dispensaries. All the troubles attending a continued sitting posture are repeated here. In addition, there are the results of the abuse of the lower extremities by the uninterrupted use of the sewing machine, with its physical exertion, and the shaking machinery. Irregularities of the menses are frequent, pressure of the abdominal organs,—mainly of the bladder on the uterus,—causes malpositions with all that comes from them.

It is not, however, my intention to repeat what I have stated before to be a hundred-fold observation. The number of cases is on the increase. Fifty per cent. of the women working for wages are under twenty-five; in Switzerland twenty per cent. of all factory hands are known to be under eighteen; and statisticians point to the annual increase in factory work of young females all over the world.

And after all, the unmarried women over eighteen fare very much better than those thousands who, while married, continue their work. Pregnancies are frequently interrupted by abortions; many of the newborn babies are dead. In the amniotic waters all sorts of poisons may be encountered, with which the woman was in perpetual contact—minerals, nicotine, and what not. In Switzerland generally the percentage of still births is 3.9; in Zurich, with its factories, 5.0; in Glarus, where factories abound, 6.4; and amongst married factory women in general, 8.2. And these women who work during all their most hopeful and dangerous period of life, or through most of it? In many instances they never recover normal organs. Incomplete contraction is the rule, with subsequent abortions, sterility, and malpositions. Europeans have statistics, and the terrific results of factory work on women before and after confinement are appreciated. That is why the Austrian government, which owns the tobacco monopoly, pays them full wages a number of weeks before and after their

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confinement. Holland, Germany, and Spain exclude women from their factories for three weeks after their confinements; Belgium, for four. That this is not sufficient, is readily appreciated by whoever knows that at least two months are required for the restoration of the anatomical structure of the organ, and as a rule much more for the restitution of a fair amount of health.

Factory working women who should be at home to nurse their babies suffer from the same ill results that women of the so-called upper classes are exposed to by refusing to nurse, only exaggerated on account of their poverty. The inability to nurse should be considered a calamity for both mother and child, rich or poor. The very best artificial feeding is no substitute for natural food, and the willful suppression of lactation is a frequent cause of local disease, inflammation, abscess, cicatrices, probably also in many instances cancer. Women in all walks of life who suppress lactation provoke premature senility; the unfortunate factory women who have to work to feed a sick husband or a house full of children pay a heavy tax to nature, but in their case this is an iron necessity. A warning may be timely—a warning to the ladies of what is called society against the slick or fawning members of my profession who find it pleasing to their lady patronesses (that is what they are called) to accept from them the suggestion that cow's milk is like woman's milk; cow's casein, woman's casein; cow's fat, woman's milk fat; and that a bottle takes the legitimate place of a human breast, and a warming pan that of a mother's bosom. A milk laboratory is a poor makeshift for nature's kind gift to woman, and a chemical test tube is not a physiological infant stomach, and a noble profession should not be an obsequious trade in the servile obedience to whims and fashions, and the indolence of misled women.

What becomes of the babies of women who work in factories?

The excessive mortality of babies in large cities belongs to the quarters of the poor. Deprived of their natural food, they live, or rather ail and wail, on improper artificial food. Reid's figures printed in the *British Medical*

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*Journal* of 1892, II., are not telling enough. In his experience 28 per cent. of the babies of working women suffer from diarrhea; in a community with but few working women, 20 per cent.; where there are no working women, 19 per cent. The example of a manufacturing firm in Muhlhausen, Alsace, named Dollfuss, is frequently quoted. Amongst their factory women the mortality of babies under a year was 39 per cent. When they paid wages without demanding work six weeks before and six weeks after confinement, the mortality sank to 25 per cent. Imagine the good results if pregnancy were protected and lactation not disturbed until the baby could show its merry little first teeth!

Meanwhile, improper food, diarrhea, malnutrition, neglect by poor ignorant neighbors or by older children, or well-meaning but always insufficient day nurseries, ill-health and ill temper, preparation for scrofula and tuberculosis. It is useless to look further ahead. If we did, we should learn the low degree of even our financial management. What human society does not spend on babies and healthy dwellings, and on watching of women and child labor, on factories and schools, it pays in tenfold amounts on hospitals, almshouses, police clubs, penitentiaries, and electric chairs.

You want \$300,000 for the expenses of a commission to examine into the conditions of our factory population, home industry, sweatshops, particularly in their relations to women and children. You mean to work on the line of a good doctor who does not believe he is competent to advise relief, or drugs, or operation, before hearing the causes of the ailment of his patient and his history. In your case the latter is easily understood, so far as the general points are concerned. The condition of every individual is intimately connected with the structure of society. The individualism controlling all our conditions is the normal outcome of the development of industry and trade; it is the result of a natural evolution, and the appearance of trade companies, trusts, large factories, in place of small stores and shops, should not be considered a reproach. They have historically grown by the laws of

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industry and of states, and there they are. But trade and commerce should not rule and ruin the race. The race, the union, and the state have an interest in the welfare of all. No one person should necessarily suffer and starve because another person wants to be well off. They should all have an opportunity to do well, each in his or her way, each with duties, responsibilities, but also with a fairly human existence.

What you wish to find out through the bill which will become effective only when an appropriation will have been secured, is what it is that prevents a moderate amount of well-being in all classes. For the commonwealth is interested in them all. The present America and that which will result from the mixture of races that will take place during the next century, cannot fulfill its destiny of regenerating the history of mankind unless its population be healthy, and strong, and educated. The wholesale homicide committed by our recklessness in lavishing untold moneys and untold men and women and children should stop, must stop. This investigation should relieve our ignorance of a great many things which can be taught only by careful and persistent statistical research. You want to know, and the country should know, under what circumstances, at what age, how long, people work, by night or by day; whether shorter hours could or should be enforced; whether more schooling, more physical education should be insisted upon; what it is that in some conditions causes physical and moral inferiority; why there is less resistance to disease and death in certain classes; why there is more injury done by some trades than by others; why working men show a greater mortality above twenty; why working women exhibit a longer duration of disease and a slower convalescence than women in other walks of life; why the girl of the factory age is less developed than the average; whether, or why, night work is so much more disastrous; and whether what I have brought out as the personal experience of those who have opportunities to learn in connection with the calamitous results of the collision of physical labor with childbearing, is correct through the breadth of the land.

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We have no statistics to guide us. We have never cared to have them, contrary to every poor absolutistic or half-civilized European concern. We are proud here of "doing things." Here is something that America can do, both for the individual for whom it is responsible and for itself, if it means to become what it was cut out for by Hamilton, Washington, Jefferson, by Sumner and Schurz,—a great, humane, progressive commonwealth.

A few hundred thousand dollars will pay the annual cost. The money is easily obtained. I will tell you how. We spend a certain small amount of 400 millions annually on pensions, military, battleships, conquests, and such "doings." For every thousand dollars thus squandered?—spent?—let them vote one dollar of the country's money, of your money, in behalf of the required information on the most valuable data of American life. One per mille makes four hundred thousand dollars. They are needed for the present and are indispensable for the future of the republic.

## INTRODUCTION TO THE MEETINGS OF THE FOURTH SECTION OF THE INTERNA- TIONAL ANTI-TUBERCULOSIS CONGRESS

AMERICA has seen during a few decades many large and influential meetings, both national and international. They were dedicated to various interests, scientific and commemorative, and war and peace. The grand exposition and congress of St. Louis in 1904 combined in twenty sections whatever appeared to a thoughtful and energetic central committee to be most appropriate in bringing together the best thought of the world. Like to-day, great men reached our shores over the ocean, which has become a connecting bridge after having proved a severing gulf, to exhibit their own and others' achievements, and succeeded in furnishing a comprehensive and lifelike exhibit of the present conditions of sciences and arts in their influence on the cultural labor of mankind. While in this way the intellectual and social interests of the world were displayed and fostered, the normal and destructive instincts of brute man were also studied and their dire results held up to view, in the peace congresses of this and other countries. Evidently mankind is more active than ever in the attempt of ridding itself of its savage past and to develop a humane future on the basis of the impulses of its heart and the dictates of its brain.

If there be any concourses of more merit, and endowed with more beneficent influences in shaping the future of our race than even peace meetings, it is the series of congresses on hygiene and demography, and principally those on tuberculosis which have met during the last two decades. Representatives of the medical professions and the intellectual lay public of all civilized nations convened with a sternly expressed demand that there must be an end to

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the hecatombs of victims of the cruelest enemy of our race, which cannot be combated except by an aggressive movement on the whole line. Altogether, the fight against infectious and contagious diseases is no longer a strictly medical matter. What our active practitioners and our laboratory experts could do they have accomplished. The nature of anthrax, of diphtheria, and scarlet and typhoid fever have been recognized and proclaimed, *urbi et orbi*, and preventives have been found and advised. If governments and their employees have in many cases, and not in the least in our country, neglected our warnings and active measures, we, the physicians, have mourned, and our fellow citizens have suffered. For, though we have the knowledge of the causes of typhoid fever at our fingers' ends, vigorous men before they ever saw an enemy have died in untold numbers in camps, and towns and country have been devastated by it, though it belongs to a class of easily prevented epidemics. Hundreds of endemics and epidemics of scarlet fever and diphtheria have followed the track of infected foods, and hundreds of thousands of promising infants and children are swept away annually by decomposed or infected milk. Tuberculosis has proved the deadliest and most obstinate enemy of them all. Its onset is insidious, its course frequently not suspected or watched, its invasion not prevented on account of the neglect of mucous membranes, its development insured by depressed vitality, its curability ignored, and its fatal termination more feared than palliated.

This our Fourth Section of the congress, dedicated, as it is, to the etiology, prevention and treatment of tuberculosis in children, does not discuss the mooted question of whether pediatrics deserves a place amongst the specialties in medical practice. Your problems are more direct. Is the tuberculosis of infants and children exactly like that of advanced years? What is its frequency? Are most cases of tuberculosis of the adult preformed in the child, as it has been claimed? Does tuberculosis depend on milk alone, or in the majority of cases? Or has milk feeding little or nothing to do with its origin? What is the difference between bovine and human tuberculosis? How is milk to

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be treated? Is it to be administered raw, pasteurized, scalded, sterilized, pure, or diluted or mixed? What has the udder or the mamma to do with it? These and many other questions are placed before you in the syllabus I distributed a year ago. Besides, what after all, in connection with the question of vitality and power of resistance and predisposition, what is infancy and children? Their boundary lines vary with different points of view. The law of our land terminates childhood with the sixteenth year. Others look for puberty as the closing period. Our Thomas Rotch has taught us not to count years, but the development of the osseous system in deciding the question of maturity or fitness for labor, and others are guided by the degree of the retardation or advancement in the evolution of other organs. This much is certain, that no whimsical legal decision will determine physiological or pathological questions, but alone, medical knowledge, and the physician, who should be consulted in every doubtful case.

The relation of the physician to the treatment of tuberculosis is two-fold. As the medical adviser of the individual patient, he looks for his comfort, advises him in regard to his diet and other hygiene, selects a sanitarium, counsels change of occupation, and utilizes other therapeutic measures. Time and again he may demonstrate that the administration of drugs is not obsolete or powerless. There are many symptoms to be relieved or removed, the power of vital resistance to be increased, the circulation to be strengthened, the digestion stimulated, his nutrition improved by hydropathy and by medication with arsenic, digitalis and guaiacol, or bone marrow. A great many mistakes are being made by relying on one-sided fashionable methods only, be they rational in themselves or only temporary fads. Rest and food, and air, and change of air are ever so many steps in the right direction. One, however, must not exclude the other, and the loud pronouncements against the *materia medica* are the results of prejudice and ignorance. It is true that the voices protesting against the assistance offered by the *pharmacopœia* are impetuous, aye, stentorian; but two thousand years ago our old friend Plutarch taught us that all hollow things are sonorous.

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In this way many are saved. It is true that while what we accomplish is frequently the restoration of perfect health, it is however in too numerous cases life only without health that is preserved. But the invalid has a right to live and to command our efforts to save and to invigorate him. It is not our fault when the average vigor of human society is undermined by the accumulation of numberless invalids who are kept alive. In such situations, the subjects of our exertions are sick individuals who insist upon salvation from death, and demand that their lives be prolonged, though they be less than normally competent. In that way we still add to the human capital and to economic wealth, while other forces actually reduce and impair it. It is characteristic for misanthropic critics to blame us for preserving inferior individuals, but not to object to wholesale destruction. For the strenuous foolhardiness which still sees virtue and happiness in war-like enterprises, forget that by war the flower of the land's men, and not the weaklings, are killed or rendered invalid or demoralized, and that the lower stratum of vigor remains behind to live and to multiply and to transmit their own diseases or physical inferiority or predispositions. No infectious disease ever left the people in as low a physical, moral and economic condition as a war of equal duration or ferocity.

At best the recovery of the tuberculous individual is difficult, and too often doubtful. That is why prevention is a more thankful task. In common life it is the family physician who knows the physical and psychical traits of his wards and is in a position to employ the means of prevention at his disposal. The time should come very soon when the specialistic fad which has invaded and controls the public even more than our profession, will make way to the renewed recognition of the family physician as the truest friend and the most meritorious adviser. Too often, when the tuberculosis specialist is consulted, the preventive and curative measures of the family practitioner who was not consulted are no longer within reach. What the latter is doing for the individual or for the family, medical science and the profession at large have been and are doing

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for the sanitary condition of the public at large and the community through well-directed literature, through boards of health and through legislation. This very congress has reserved a whole section to the consideration of state and municipal control of tuberculosis, and of laws and ordinances relating to it. The time is approaching when the people will insist upon having its health safeguarded by the public recognition of its claims. We have in this country a cabinet with special members for law, for war, for the navy, for foreign politics, for internal political and economic improvements. We have a special department for agriculture, which supplies the people with rare and common seeds, and prevents and cures the diseases of their cattle. We even begin to make an end to our dereliction in allowing our forests to be burned, murdered or stolen. We have, however, no central representation of the forces that make for the physical welfare of the people, and no United States board of health in the advisory cabinet of the first employee of the nation. That is why the people in their democratic and self-determining methods are gathering in societies, attempting and attaining what in many other countries it takes the powers of the governments to accomplish. That is why a congress like this invites the public at large, and the national and foreign governments, to share the labors and responsibilities of the medical professions of the world. Nothing proves to better advantage the interdependence of the several parts of the social organism, or the absolute impossibility of one man, or one class of men, to pass a hermit life and prove useful. The individual physician deteriorates when in solitude. His very studies, his work, require friction and co-operation and mutual instruction. The intercourse with his peers corrects his ignorance, which, as the sick around him have to suffer from it more than he, is sinful. No progress is ever evolved from castes, classes or ruts. That is why the wondrous civilization of Asia came to a standstill at an early period. Not even a single isolated source of instruction is prolific. That is why medicine cannot be learned from mere books, any more than politics. Indeed, in hermit life there is such a thing as a primeval forest of ignorance

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and helplessness, without means of extrication, and without aims to be reached.

That is accomplished by co-operation with the public at large according to such methods as this congress contemplates and provides. Indeed, medicine must become a popular science, not the cheap medicine of the sensational penny-a-liner, but the fertilizing knowledge of basic truths in physiology and applied hygiene. In this new century, universal ignorance of any people or any race, even the white, should be esteemed an intolerable scandal, as it surely leads to poverty and anarchy. Do not tell me that it has been said that half knowledge is the most detrimental thing. It is not half knowledge that engenders superstition and lynching and sectarianism and faith cures—they originate from the same depth of darkness—it is total ignorance. As long as medical science will not enlighten the masses with its fundamental principles, it has failed in its most vital vocation. The simple facts of medicine should be taught in intelligible language in schools, from platforms, the pulpits, and last, by no means least, in newspapers. I know of none of the latter which has followed the advice I gave a few of them a score of years ago and since, namely, to give the first and best paid place on their editorial staff to an all-around medical man, with no duty in life except to teach the millions of readers the axioms of physiology and hygiene, and their application to practical everyday life; and no longer to rely on the haphazard opinions expressed by medical men who are given no time to think, or who are waiting for an opportunity to advertise themselves.

The unity of science has been preached this half century. There must be unity of science in the nation's practice. Men and women must learn that hygiene is no cure, nor mere disinfection; that it means prevention, prevention in the life of the individual, the town, the nation, mankind. We trust it may lead to a realization of the fact that a permanent health of the people at large cannot be fully attained except by fundamental, social and political alterations. As these are far distant, the changes we should wish to enforce cannot be otherwise than gradual. Now,

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our successes in exterminating tuberculosis, though they have been marked, have been slow. In order to succeed fully, our work must be individual and collective. Still, neither you nor I may live to see complete consummation. It may be, however, that some of you have read the epitaph on Charles Wesley's tomb in Westminster, "God buries His workmen, but continues His work." Thus as there were workmen in our field before you and me, let us prepare the soil still better for those who will come after us, and still diminish the distance between the ideal and its realization. We doctors shall not find that very difficult, when we remember that our father Hippocrates identified the love of mankind and that of our vocation. Both will aid us in assisting the advent of the era of therapy which is dawning, and promises cures and preventions in physical, political and social conditions, and help us in becoming active citizens, both of the present and of the inevitable happier future.



## ADDRESS BEFORE THE FOURTH SECTION OF THE INTERNATIONAL ANTI- TUBERCULOSIS CONGRESS

THE congress has added enough to previous knowledge to justify its existence. Its principal value, however, consists in arousing thousands of scientists and medical practitioners from indifference or even indolence, warming the sympathies of hundreds of thousands of lay citizens, and uniting the profession and the public in a harmonious effort to improve social conditions and prevent bacteria infection.

The Fourth Section was dedicated to the study of the causes, the prevention and the treatment of tuberculosis in infancy and childhood. During the preparation and regulation of its work there arose now and then a difficulty in the proper classification of the contributions which were offered to the different sections. For a congress dealing with a physiological and social organism cannot be subdivided by pigeon holes. That is why occasional exchanges took place in the distribution of papers between the sections for the sake of a fair adjustment. That plan worked exceedingly well. It so happened that even the absence, oftentimes without an excuse or explanation, of papers promised and announced (both by foreigners and Americans), could not interrupt or mar the success of the proceedings.

The introductory address of the president told amongst other things of the many discrepancies between what we know and what we accomplish. All our exact knowledge of the causes of typhoid fever, for instance, has not prevailed upon our municipal, state, or general government to extinguish it. Our acquaintance with the causes of tuberculosis should have resulted in more visible results before this congress ever met. We have in this country a

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cabinet with special members for law, for war, for the navy, for foreign politics, for internal political and economic improvements. We have a special department for agriculture which supplies the people with rare and common seeds, and prevents and cures the diseases of their cattle. We even begin to make an end to our derelictions in allowing our forests to be burned or stolen. We have, however, no central representation of the forces that make for the physical welfare of the people, and no United States Board of Health in the advisory council of the first employe of the nation. In combating tuberculosis both the individual practitioner and the profession at large should co-operate with the public. The rôle of the family practitioner is a more important one than the specialistic tendencies—greater in the public than even in the profession—would appear to admit. Both prevention and cure, mainly the former, are his duty and his privilege. His interest in the individual patient teaches him the many services to be rendered, along with air and food and rest, by drug medication, without which sanatorium treatment does not accomplish everything the patient is entitled to. The co-operation of the public in prevention and cure on a large scale is best secured by a campaign of education in schools, in lectures, in brief cardboard sketches, in newspapers, every one of which should have on its editorial staff a well-paid physician whose exclusive duty it would be to write intelligible and forcible brief papers on subjects connected with general hygiene and infectious diseases. Finally it was urged that as the unity of science had been proclaimed as an aim to be reached, most conspicuously by the congress of the St. Louis Exposition of 1904, the union of efforts on the part of the profession and the public, of science and government, in the interest of the combat against tuberculosis would surely be successful.

Many of the papers read and discussed in the first three sessions were strictly scientific or technical. The fourth session, Wednesday morning, was mostly filled with the influence of heredity and of family associations. Drs. Sachs, Chicago, J. A. Miller and J. O. Woodruff, New York, and

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Cleaveland Floyd and H. J. Bowditch, Boston, took part. Dr. Jules Comby of Paris was booked for *The Part of Human Contagion in Infantile Tuberculosis*, but did not arrive.

The fifth session was chiefly devoted to the relation of the school to tuberculosis. Neither Dr. G. Neander of Stockholm, nor John S. Lankford of San Antonio, nor Manuel Sigon Bello of Ecuador appeared with their promised contributions. An instructive and very careful paper on *Obstructive Abnormalities of the Oro-naso-pharynx as a Powerful Predisposing Factor to Tuberculosis in School Children* was read by Dr. J. T. Cronin of New York. His researches, painstaking and conclusive, were facilitated by his connection with the Health Department of New York, whose commissioner, Dr. Darlington, interested himself in his labors.

The sixth session was filled with the methods of diagnosis, partly new, partly established. The modern methods of cutaneous and ophthalmic test with tuberculin inoculations were amply discussed by Drs. E. Mather Sill, L. Emmet Holt, Henry Heiman and H. D. Chapin, all of New York, Dr. Henry L. K. Shaw of Albany, Dr. C. von Pirquet of Vienna, and Drs. Detre and N. Berend of Buda Pesth. Dr. Karl Shoemaker of Philadelphia gave a paper on *An Expeditious Method for the Detection of Tuberculosis in School Children* and Dr. L. Fisher of New York on *The Diagnosis of Latent Tuberculosis in School Children* and Dr. F. E. Sondern one of his thorough researches on *The Diagnostic Value of Lumbar Puncture in Acute Tuberculous Meningitis in Children*.

The afternoon session of October 1st was assigned to preventive measures. Mrs. Henry Parsons of New York read a paper on the value of children's gardens in congested neighborhoods for those children with a tendency to tuberculosis, or for those in whom the disease has been arrested or cured. Mrs. Anna Garlin Spencer's essay on open-air schools was read by the secretary of the session, the author being absent. Howard Bradstreet, the secretary of the Parks and Playgrounds Association of the city of New York, was not present; his paper on parks and

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playgrounds will appear in the transactions of the congress. Professor Pannwitz of Berlin and Miss Boardman of the National Red Cross spoke on the relations of the Red Cross movement to tuberculosis; Dr. Bittle C. Heisler of Roanoke, Va., read his popular appeal to mothers. Dr. Bertil Buhre's (Stockholm) communication was on the care of the non-infected children of consumptives; that of Dr. L. F. Wachenheim—announced but not read on account of the unexplained absence of the author—would have been on the hygiene and climatic prophylaxis of tuberculosis in children; and Dr. S. A. Knopf spoke of overcoming the predisposition to tuberculosis and the dangers from infection during childhood. Augustin Rey, architect, of Paris, discussed with the aid of a host of instructive lantern slides, the injuries of the congestion of population and of defective sunlight and ventilation. He ought to be more successful than many of his predecessors when they ask for large open spaces at all points of cities; for the provision on the outskirts of growing towns of inalienable free spaces; for the regulation of the relation of the height of houses to the width of streets and the sizes of the courts so that dwellings be exposed some hours daily to the direct action of the solar rays; for a large communication between the courts and the street; for ample ventilation and lighting of every room in every house up to the very ceiling; and for promoting central heating for cities. New York city requires all of these things. The three hundred and sixty thousand dark rooms in New York are still waiting for an appropriation which will permit air and light to enter into the millions of dark corners which accumulate dust and filth and infectious germs that might be killed by sunshine in a few hours but are perpetuated by darkness.

The last session was occupied with hygiene, prognosis and treatment. Dr. John Winters Brannan spoke of sea-air treatment of the tuberculosis of bones and glands with lantern slide demonstrations of the sea-shore refuge on Coney Island. Dr. Adoniram B. Judson of New York on The Expectant Treatment of Pulmonary Tuberculosis, a Contribution from Orthopedic Surgery to the Study of

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Tuberculosis. Amongst his conclusions is the following: "The affected parts should be kept from motion and violent disturbance. This is done in hip disease by apparatus. The same end may be reached in consumption by the adoption of superficial breathing, the cessation of coughing, and the avoidance of exercises that unduly quicken the respiration." Finally, Dr. Willy Meyer of New York discussed the possibility of avoiding scar formation in softened tuberculosis of the cervical glands by the Bier method.

A number of French papers which were promised never made their appearance. German and English papers were scarce; few had ever been promised, still fewer materialized. But the program was full, the sympathy with the discussions never flagged, and the section contributed its part to the work of a most successful congress.



ADDRESS AT BANQUET OF THE CITY OF  
PHILADELPHIA GIVEN TO THE INTER-  
NATIONAL TUBERCULOSIS CONFER-  
ENCE, SEPTEMBER 23, 1908

WE American physicians have much in common: the knowledge of the history and of the conditions of this land of our birth or adoption, of the evolution of American medicine, and of the development of our beloved profession. That is why I should rather speak to our foreign brethren,—brethren though foreign,—than to you, my countrymen. For they have crossed the ocean, which fortunately is becoming so narrow as to permit us more frequently than formerly to look into the eyes of the great men of other shores, not only to teach what is new in science and wholesome to mankind, but also to learn from personal observation. After all there is more to be learned than is taught in books or reports of travels, of plain facts of history, and of our existence as a growing people and as a profession. There is no country under the sun which to the same extent as this owes its very existence to idealism pure and simple; there is no nation like ours built upon the faith and the force of the pilgrims and the pious men of the Palatinate—bible, spade, and sword in their hands,—and the men of 1848, whose destinies were shaped by ardent idealists, who were at the same time men of action, such as Roger Williams, Benjamin Franklin, Alexander Hamilton, George Washington, Lincoln, Cleveland, and Schurz. Indeed, if our history were not replete like that of any nation or more so, with idealistic enthusiasm, no one would ever have heard of a Declaration of Independence or the Constitution of the United States.

Like people, like doctors. Following the trail trodden by Carlos Finlay and H. R. Carter,—Walter Reed, James Carroll, Jesse Lazear and A. Agramonte risked or gave

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their lives. Never again wonder why American physicians are proud of their own profession as they are of their own country. We have our pioneers and our martyrs. As the country is worthy of its doctors, so are the doctors worthy of their country. Idealism need not be inscribed on their flag; like the pious man, not a fanatic, who never speaks of his religion, so the American doctor does not speak of his ideals, he acts them.

The medical profession of America advanced on the lines of its surroundings. The pioneer, the hamlet, the village, township, town, county, and state developed when immigration grew, the population increased, and time was matured. The individual doctor, often an immigrant, lived a hermit life, shared the vicissitudes of his few neighbors, and gradually drifted into the company of his colleagues equally situated. For solitude eats the marrow of the medical man, as of him in a solitary prison cell. The county societies conglomerated into state societies; some of these even preceded the former, and are more than a hundred years old. In 1847 the state societies coalesced into the American Medical Association, which in its annual meetings calls out increasing thousands and swelling enthusiasm. For a long time past it has, like the great national and international general congresses of the whole world, recognized and divided up into special sections. As far as I know, however, the Congress of American Physicians and Surgeons is the only great national organization which resulted from the general feeling that the specialistic medical societies of the nation—seventeen at present—should acknowledge their alma mater, Medicine, in its regular, combined, triennial meetings at Washington. In this way the interdependence of medical specialties has been vouchsafed. More, if there be anything highly creditable to the philosophical and scientific spirit of our country, it is the ideal consummated in the Universal Congress of the St. Louis Exposition of 1904. The idea of binding all sciences and arts by one connecting bond, grew on the soil of America. It appears that this soil produces new ideas as it does ample sustenance.

## BANQUET ANTI-TUBERCULOSIS CONFERENCE

The eighteenth century furnished but few original contributions to American medicine. The books in the hands of practitioners and students were mostly English. Still, there is a pamphlet on what was afterward called diphtheria by Bretonneau, written by Douglas of Boston in 1735, and a classical treatise by Samuel Bard of Philadelphia on the same subject, in 1781. In the beginning of the nineteenth century, Drake wrote his great classical work on the infectious diseases of the Mississippi valley, and many are the contributions and the men who made medical history. Some of what has been published by Rush, Hosack, and Francis,—all efficient and ingenious practitioners,—reminds one of the productions of Sydenham and Boerhaave or Von Swieten. Then there were Gross, surgeon and pathologist; Flint, observer and registrar; Alonzo Clark, learned and successful teacher, almost too charmingly eloquent; Da Costa, the humane and wise physician and diagnostician; and a host of others. Their writings will be guiding stars for a long time.

Our journal literature began about the end of the eighteenth century. The magazines were of a high order, all of them. With a long and audible sigh, however, I will whisper that things have changed; we have in this country more than three hundred medical journals, quite a few of which could be spared without injury to you and me. There are also too many books, particularly textbooks. Not every celebrity writes one, but whosoever means to become one, *cito tute et jucunde*. They come like avalanches; they do not harm you, because you justly run away from them. I am sorry for us, *and for you*, for to judge from cries for help appearing in European journals, you are no better off. But after all, our really scientific and genuinely practical literature is of the first rank. When our Journal of Experimental Medicine was a year or two old, a British friend wrote: "We have nothing of the kind." Since that time, strictly scientific journals have grown in large numbers and in dignity. Transactions of learned medical societies and of hospitals add to the scientific wealth of all nations, and our week-

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lies belong to the very best of their kind. The Journal of the American Medical Association reaches 40,000 members of the Association. The value of our literature corresponds with the eagerness with which it is utilized. I have met no physician in either city or country without a journal or a modern book.

American medicine has been Anglo-Saxon from the beginning. Many physicians came from Edinburgh, like that Alexander Hamilton of Annapolis, whose instructive itinerary of 1744 has just been published for private distribution by Mr. William Bixby of St. Louis. We grew up under John Hunter, and never lost sight of the Anglo-Saxon way of not venturing beyond our ken. Still, when the first half of the century,—since Bichat, while Germany was immersed into Schelling's nature philosophy,—fell under the enlightened ascendancy of French medicine, our Holmes, Jackson, Bowditch, and many more, sat at the feet of Laennec, Broussais, Louis and Trousseau. And when, after the middle of the century, German methods and men began to preponderate, our minds turned to Germany, and our old and young men crowded its amphitheatres, clinics, and laboratories. That is why our ways in this country have become more or less German,—first, anatomo-pathologic, then histologic, then bacteriologic, without, however, losing our contact, any more than any of you do, with the necessities of, and clinical indications afforded by, the sufferings of mankind, in whose service you and we, and the many thousands who look for our guidance, are engaged. For it is true that

“Die Götter brauchen manchen guten Mann  
In ihrem Dienst auf diesser weiten Erde.”

The trend of American medicine has always been practical. That is as it should be. Our Benjamin Franklin exclaimed: “What is the use of philosophy unless in the interests of man!” He merely followed Cicero: “Nisi utile est quod faciamus, stulta est; gloria.” This very Congress, like its predecessors, has convened to translate

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into practice, and into benefit to mankind, the theoretical teachings of the microscope and the laboratory.

For our foreign friends here I venture to remark that not always have our American colleagues been appreciated according to their merits. When McDowell removed ovaries successfully, he was rewarded by silence. When William Detmold opened an intracranial abscess, you might have read in one of the early volumes of Virchow's *Archiv* a sneering remark on "American swindle." When Oliver Wendell Holmes in 1843 proclaimed the contagious character of puerperal fever, he was ridiculed by our Hodge and our Meigs, and was neglected in Europe. Still, he fared better than Semmelweiss, whom Braun and Soan-zoni hunted into a lunatic asylum and premature death,—to be followed fifty years afterward by a monument. When Warren operated under anæsthesia, the *Edinburgh Medical Journal* predicted a year and no more for this American fad; when Marion Sims electrified some by his ingenious innovations, others shrugged their shoulders; when Leonard Corning discovered spinal anæsthesia and pointed out some practical applications of lumbar puncture, it took twenty-five years for him to be remembered by Epigones. *He* at least is not dead. Perhaps it will always be so. We judge according to our understanding and our knowledge. Homer knew it all: "The immortal gods do not manifest themselves to everybody."

The ethics of the profession was not always that of to-day,—neither are our houses, our coats, our mode of living, like those of old. The formation of societies must have softened the behavior and contributed to the gentlemanliness of former generations. Cordell tells us, in his history of the profession in Maryland, that one hundred years ago the president of the medical and surgical faculty of Maryland was authorized to fine a member for improper bearing. That was at the time when in Europe J. P. Frank advised to call in the police at medical consultations. In the beginning of the nineteenth century however, Percival published in England a book on the rules of medical intercourse, the contents of which were adopted in 1847 by the newly formed American Medical Asso-

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ciation as its code of ethics. The Medical Society of the State of New York modified it in 1882, and abolished it altogether a few years afterward as unnecessary for gentlemen and unable to change boors into gentlemen. A few years ago the American Medical Association adopted that view. The wisest and strongest men of the profession, in the memorable meeting in New Orleans, changed the coercing code into a series of ethic principles which were recommended as advisory and suggestive. Now we have outlived the forceful and revengeful code. We hear, however, that in some countries of Europe they are longing for it and wish to introduce one. The instincts of the masses, unless in an upheaval of revolution, are correct. In its county and state societies, as also of late years in the American Medical Association, the profession at large has been a constant source and promoter of its own progress. The curricula of the medical schools have been lengthened from two into three, and finally into four, years. That was not accomplished by the schools, some of which objected, but by the profession represented in its large societies. In the same way, the increase of the requirements for matriculation and the introduction of state examining boards had to be forced upon unwilling medical institutions by the public opinion of the physicians of the country.

May I add a single word concerning our institutions of teaching? The medical schools one hundred years ago were few,—in Philadelphia, Baltimore, New York;—the teachers few in number. Many had several branches to teach. It was about the time when, in Göttingen, Albert von Haller simultaneously held five professorships, including that of surgery, though he never in his life performed an operation. Our schools were proprietary,—the professors men of large or promising or small practices. The instruction was according to their means, both of purse and of brain, but must have seemed important, for it was repeated every year,—just as that of my logic professor at Greifswald in Germany, who in 1847 entertained me with a manuscript forty years old. I hope I have outgrown it. I remember the time when the curriculum

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was with us one or two years,—the same didactic lectures were repeated annually. Since, we have grown up to three years, to four years, have developed less respect for didactic lectures, and have turned to demonstrations and individual work, and clinical instructions. Some of our institutions are endowed by private means, some have sought connections with universities, and some of the Western states have founded universities and support their medical teaching. But you understand that in this vast country, with a civilization which in many states equals that of your Europe and which in others is not far above the pioneer condition, the schools of medicine vary,—it may be according to the services the population expects to derive from its doctors. That is why we still have the cheap college, alongside the advanced institutions of Baltimore, Philadelphia, New York, Boston, Ann Arbor, and others endowed with means, and laboratories, and enthusiasm,—of which within a year Friedrich Müller has given you a glowing account in the *Münchener Medical Weekly*.

In connection with all this, there are a few facts which distinguish our methods from those of your Europe. Most European universities were founded centuries ago, without an understructure of preparatory popular education; they were ornaments and show-pieces; here, they developed over and above common schools, high schools, and colleges, as the necessities of intellectual evolution. In Europe, the university was a government institution; here, rarely so, but rather the creation or pets of private men and women. Chicago enjoys the gift of twenty-five million dollars or so; San Francisco, fifteen millions; Johns Hopkins was founded by one man; Philadelphia, New York, Boston, have derived support or aid from citizens. Nor have the latter limited themselves to the support of the regular schools,—the Phipps Institute of Philadelphia, the Rockefeller Institute of New York owe their support to the munificence of men who carry no title and no decoration higher than this: "American citizen."

Finally, I should not forget to mention the post-graduate instruction offered to practitioners. I believe I am correct when I make the statement that the Post-Graduate

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School founded by Roosa, and the Polyclinic founded by Wyeth,—both in New York,—a quarter of a century ago, were the first institutions of the kind. They have been imitated all over the world since. No patent right secured.

Now, Mr. President, I beg your pardon for being so presumptuous as to take so much of your time. I was told to speak on a subject which cannot be exhausted in a week's talk. Moreover, please to consider that I had to wait seventy-eight years for this opportunity. But let me close in the face of this wonderfully representative concourse, which teaches me that the necessities of man and the duties of the physician are the same all over the globe. By never losing sight of the ideal of our calling we may become to the whole nation, to all nations, not only the individual restorer of broken health or the protector of a family, but the physical and psychical sanitarians of the people, and the advisers of legislators and judges. Socrates demanded that 2000 years ago; Kant, a century ago; Descartes told the world that if it wanted to be ennobled it could only be so through medicine.

All of us have our special predilections and fields of work, and still—as these solemn weeks prove—*so much* in common. Division of labor and differentiation of specialties are indispensable, but the health and future of the people inhabiting the globe require the coöperation of all, mainly those who are working in the church of medicine,—Medicine, as our friend Clifford Abbott says, with a capital M. In the study of it there have been in these sixty years no longer any different methods in different countries. Methods and results are common; rivalry has become coöperation; nihilism is dying out, even in therapeutics, since we have been converted to the axiom that we are not treating a disease, but a diseased man. There is no longer hopelessness on account of unanswered questions;—not even on your subject, Tuberculosis; “Non ignoramus” is justified and honest; “Non ignor abimus” is the despairing outcry of pessimistic senility. Under the flag of working optimism there is victory. That is why it is easy to make and be friends all over the world. For friendship amongst men means little sentiment, but much

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mutual appreciation of motives, methods, labors, and co-operation. That is what makes us rejoice that the ocean is getting narrower from year to year, and that we do not require, with Carnegie, an emperor to preach or dictate peace to the nations. Harmony, fraternity, and solidarity begin in the field and under the flag of healing and preventive medicine.



## THE INTERDEPENDENCE OF THE UPPER AND LOWER STRATA OF SOCIETY IN FIGHTING DISEASE

THE Executive Committee has permitted me to aid in the representation, on this platform, of the medical profession. If there be any labor connected with this task of honor, it is a labor of love. From the medical profession came the first knowledge of the disease you are going to fight and to help in exterminating. It was from the medical profession that originated the attempts at and the success in relieving or removing danger-breeding symptoms. No body should be guilty of stating or believing that one man or one effort could cause light to be shed such as there is to-day. There is no subcelestial deity to change "the earth which was without form and void, and the darkness upon its face, and create sudden light." The practical lesson to be derived therefrom by all of us is the conviction of the necessity not to look for the attainment of far-reaching and blissful results in the achievements of one man or woman. If tuberculosis is known better to-day, that is the outcome of the work of many, and of centuries. If it is to be exterminated, it takes the sympathy and labor of more than one person, one society, one town, one country. It demands the co-operation of all and every one in this hall and out of it. May, what you have heard to-night from more eloquent lips, and may what you will learn when examining the wondrous exhibition spread for your study over vast halls, convince you that in order to conquer tuberculosis, it takes the efforts of yourselves as well as your neighbors.

Even this very exhibit proves this statement. No one effort could have called it from Washington where it instructed thirty thousand, to New York to enlighten five hundred thousand. It is true the initiative of the move-

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ment started in the head and heart of one physician. But even the ardor and eloquence of Dr. Alfred Meyer would not have sufficed unless supported by the applause of his peers and by the sympathy and intelligent liberality of citizens and of the city authorities.

People recovered from tuberculosis and the disease was cured before Villemin and Robert Koch. For there never were, nor are there now, very many autopsies of aged people in which no healed remnants of tuberculosis were found.

Recoveries are either spontaneous or produced by accessible means. When they are spontaneous we attribute them to the existence of favorable circumstances, a vigorous constitution, the free enjoyment of fresh air and a proper climate, sufficient rest and ample and nutritious food. When not spontaneous, recovery is due to the intentional *creation*, where they do not exist, of those very favorable circumstances in the home, in a foreign country, in a sanitarium; to a full supply of nutrient food, the requisite rest, personal hygiene, and such medication as relieves a disturbing cough, secures restful nights, improves the appetite and digestion, enhances nutrition, relieves fevers, stimulates strength, and occasionally removes injurious dead tissue by operative interference. All these are demanded, and though there be no evidence of a cure of tuberculosis by medicines *alone*, there is much evidence of their usefulness when combined with the measures of cure you will study in the thousands of exhibits under this hospital roof.

This exposition is for the sympathetic and the studious, as well as for the merely curious. The latter class will soon join the former both in spirit and in deeds. Deed is the result of knowledge. To conquer your enemy you must know him.

The exhibition and the lectures connected with it will demonstrate to you the anatomical, climatic and some of the social causes of tuberculosis, the human and bovine germs and their effects and ravages, with which we have been acquainted fairly well, but by no means thoroughly well, this quarter of a century. There will be statistics

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of health and disease and death. Those who do not personally know the dark side of what we complacently call our civilization, will be informed about our tens of thousands of Manhattan's tenement houses and their nearly 400,000 dark rooms, and their population, airless, lightless, congested and doomed. It will also tell you of sanatoria and hospitals, and tents, of home arrangements, mostly cheap, to take their place, of winter and summer climates, of altitudes, of inland and sea air, and the geography and topography of states and districts. It will also enlighten you, unless the housekeepers amongst you know all about it, of foods, wholesome or not so; of cheap grocery stuff with English names which is good and wholesome to the consumer though he be rich, and proprietary stuff with Greek or barbarous names which is good and wholesome to the seller though he sells to the poor.

All these things have been described in print a thousand times in scores of languages. But no book, though its binding alone may cost more than the total garment of some poor human being, will teach you anything like what you see yourselves, hear yourselves, touch yourselves. Locke knew full well, and taught before us, that nothing enters our intellect but through the gates of our senses. That is why a single visit here may teach you as much as a series of lectures. Not that I think little of lectures. They and their authors should be listened to and appreciated as explanatory and additional, though some of them may be mine; but we are all babies who learn by the co-operation of eye and touch and ear. Your senses when here instructed will be the better prepared for doing welcome outside work, which many of you know and love. Your ear should even be used to listen to and know the dignity of moans and coughs and stifled cries, your eyes should behold intelligently and pityingly the shriveled skin of emaciation, the hungry look and the suppressed tear, your hand should know how to feel the pulse of him in the stricken lonely dwelling and that of society besides.

There are many here who know much about that, both lay and professional men, and women of matronly help-

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fulness or of girlish loveliness. They all go and, being messengers of good will and beneficent activity, carry and receive greetings. They are all welcome, and their work is appreciated, *even that* of some of those who step over the sill of the dingy tenement abode under a fifty-dollar hat with a hundred-dollar feather and gingerly offer their hand with a thousand-dollar diamond ring on it. They are all benefited, quite often the visitors as much as the visited, or more. For they will learn how the other four-fifths live, and how they sicken and are crucified and die; also learn something of the interdependence of the privileged and the unfavored, and of the impropriety of the differences distinguishing between what should never have been permitted to be called upper and lower classes. It is these so-called lower classes which furnish most of your tuberculosis.

This interdependence has its many aspects: *Religious*, if you remember what the Son of Man meant when He told you "what you have done to the least of them you have done to me." *Sanitarian*, for the whole town, with its intercommunication of roads and railroads, street and elevated and subways, cabs and taxicabs and stages, and sewers, is a network from which there is no escape. *Social and sanitarian*: your public and private teachers, your doctors and nurses, your workmen and tradesmen, your coachmen and butlers and cooks and maids, your grocery clerk who takes orders, your tailor who gives out your evening dress coat to be sewed and finished in the tenement full of infectious diseases, including consumption; your milliners and ladies' tailors and fashion dictator-esses from whose scores of working women you are separated by a swinging door only, the mail carrier and expressman, the conductor and your neighbor in a car, the people from unknown parts who with their children visit your help in your basements, or are visited by them,—all of them, all of us while aiding and serving you, may prove your enemies—as some of you to your friends. All that was so before we ever knew what a bacillus was, or a coccus, and ever since, and will remain so unless we all stand together in learning and preventing. Otherwise

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anybody may bring to you and to yours whooping cough and measles and scarlet and typhoid and diphtheria. More: unless you help in fighting the anti-vaccination backwards movement inside and outside legislatures, they will bring you, as they have done before, smallpox. If I were not a physician and a good citizen I should say: Serves you right.

And it brings to your home tuberculosis, of the bones, skin, glands, or lungs. Who is there here who has not had a case, or not known a case amongst friends, of tuberculosis in a healthy family that appeared unexplainable?

This is the place to study the possible explanation of what seems unamenable to it; and this is your opportunity. The exhibition will, like a play, have a run of six weeks. May it be as popular and more salutary. Six weeks to see things you never can see again equally well. Six weeks of useful knowledge, indispensable to you and yours and the community of which you are a part.



## ADDRESS AT TUBERCULOSIS EXPOSITION, FEBRUARY 20, 1909

THIS afternoon, I am told, is reserved for the consideration of tuberculosis in infancy and childhood, or rather of its causes. All of them are preventable, to such an extent that I can imagine the surprise of those who will live about the year two thousand, at the fact that at the beginning of the twentieth century the richest commonwealths of the globe were hard-headed and cold-hearted enough to allow tuberculosis and diphtheria and smallpox and cholera and yellow fever to go unchecked.

Tuberculosis is a frequent disease among the young. Some statistics tell us that of one hundred persons who die of tuberculosis thirty are below fifteen years of age. Of two hundred thirty cases of pulmonary tuberculosis—that is, consumption—treated in a dispensary of my acquaintance within the last six weeks, twenty-two were children from six to sixteen years old. That is nearly ten per cent. Vastly more have their tuberculosis in other organs, for in infants and children it is by no means confined to the lungs. The vast majority of tuberculous illnesses occur in the *bones*. They result in long ailments extending over months and years, in deformities, in invalidism, and sometimes in death. They are so frequent that seventy per cent. of all hip diseases occur under ten years; or they occur in the *glands*, where they result in swelling, in indurations, abscesses, and sometimes death. Or on the *serous membranes*; for instance, the peritoneum. They result in general impairment of health, or in local improvement, some in recovery, some in dropsy and in death. Or in the *brain and its membranes*, practically with absolute fatality, or in general disseminated so-called *miliary tuberculosis*, which is absolutely fatal. Are there any here who know of little bodies put away by themselves, or by their neighbors, on account of an infectious disease which

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should have no abiding place in modern society? If there are—I know there are—for tuberculosis is ubiquitous—even my cold statements reach beyond your understanding into your hearts.

You are engaged in serious work. Those who believe, or pretend to believe that tuberculosis or consumption may be exterminated from the face of the earth by a quack medicine, or by any single medicine, or advertised consumption cure, or by an advertised underwear or inhalation, or by unwashed chest protectors, or the imaginations of a crank, or a country establishment which the impecunious owner calls a sanatorium, or the Pasteurization of a few thousand quarts of milk, or the new foundation of a new anti-tuberculosis society, with new presidents, secretaries, and new letterheads and new administration expenses; or the building of a city or state sanatorium alone, or by warm or by cold climate, by sea air alone, by high altitudes alone, are merely mistaken. Your very exhibits and the lectures connected with it, and the encouragement given to study and thought will add to your knowledge of your practical endeavors.

Nor can tuberculosis be exterminated by individual or local effort only. A town freed from it would be reinfected by its neighbor. A county if there be such, which might have been delivered from it by gigantic efforts, would reimport it over its boundary line or from beyond the sea. Therefore, if there is a reason for universal fraternity and solidarity, it lies in our contest with the common enemy that extends its fangs over the whole globe, and it will be by universal efforts only that tuberculosis, which is ubiquitous must disappear as a constant threat to mankind.

I shall limit myself to very few topics connected with the causes of some forms of tuberculosis in early age. Some I shall omit altogether; namely, those connected with direct contagion from person to person. The nursing baby will inhale the tuberculosis germs contained in the expectoration of its mother or wet nurse. In Prague, since 1879, Epstein protects tens of thousands of foundlings by separation from their mothers, while in St. Petersburg,

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where no separation was enforced, under Froebelins they died. The creeping and toddling will pick up germ-laden dust from the floor, and swallow and inhale it. The young family will breathe the close, infected air of the tenement in which a mother, father, grandmother, grandfather, or boarder is dying of consumption; or will lick the disease from their unwashed spoons or tumblers. Or they will—like yourselves—be clad with the clothing and dresses contaminated in the sickly rooms in which your stylish tailors and milliners have your articles of clothing made or finished. You have been, or you will be told so, so please remember these things before it is too late. Nor is it worth while to forget that your very kindergartens, asylums, hospitals, and schools, both public and private, may harbor the tuberculosis that is to appear at a later date. We are all dangerous, at least a percentage of us; so are the school children, so are the teachers. What I say, however, is not meant to be funereal, but an encouragement to aid in our common cause, which is to make ourselves and our neighbors and city and mankind healthy and strong.

The International Congress on Tuberculosis, which met in Washington a few weeks ago, repeated in part what we knew before. More than twelve per cent. of our population die of tuberculosis, though we know its causes and its preventability. The latter is so well understood that the optimistic certainty of its final extermination is fully justified. What we require to accomplish that end, is: sufficient means, the correct application of our knowledge, time, education of the public, and good will. Much has been done or begun. The warfare of our health departments in Rochester, New York, Washington, Philadelphia and everywhere against unclean and poisonous milk, attacks the causes of tuberculosis as far as it depends on cattle, bottles and stables and unclean handling and careless transportation. Success is incomplete, but in full view. The measures thus far taken protect mainly the very young. You have all heard of the differences of opinions in regard to the frequency or infrequency of intestinal infection through raw cow's milk, as exhibited since Robert Koch, in the

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London Tuberculosis Congress of 1901, pronounced his disbelief in the frequency of bovine infection. His claim that the human and the bovine bacillus were different species, if he ever proposed it, and what he lately denied in the *Berlin Clinical Weekly* of November 2nd, has been modified in this; that he asserts the existence of what he calls essential characteristics for either of the two. Kossel seems to have struck the correct way in speaking of "different types" of the two germs. Koch, if he ever meant to assert the impossibility of causing human tuberculosis by the bovine type of the tubercular bacillus, has mitigated that by the assertion that such cases are very rare. Still, after 1901 the impression got abroad that the anxious care of cow's milk seemed unnecessary in connection with tuberculosis. In our very New York Academy of Medicine such conclusions were expressed, without, however, doing any harm except to lead to temporary mistakes on the part of some speakers. Indeed, the researches of American, English, and French observers are very much more positive, and the practice of dirty and callous farmers and dairymen based upon the alleged teachings of Robert Koch is not tenable, for it has been proven that general fatal tuberculosis—even pulmonary consumption in exceptional instances—may result from the ingestion of tuberculous milk into the diseased or into the healthy intestine, particularly of the small child.

The question whether the tuberculosis caused by the human type of bacillus is identical with that caused by the type conveyed by the cow, does not concern us here. Those who are stricken by either sicken or die of tuberculosis. But there are a few facts which I want you to remember: First, we are not very dangerous to the cow, but the cow when tuberculous is dangerous to us. The milk of tuberculous cows, when taken raw, is dangerous. The milk of cows with tuberculous udders is highly dangerous. The frequency of tuberculosis in the young, particularly that in lymph glands, is often traceable to tuberculous milk. Tuberculosis germs when in the bowels may be absorbed into the circulation, no matter whether the mucous membrane is diseased or rather absolutely intact. Doctors know the

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anatomical reason why. You and I being only educated lay people accept the fact. Finally, the boiling of water or of milk for quite a brief time kills the bacillus of cholera, of diphtheria, of typhoid fever, or of tuberculosis. So the feeding of raw milk, unless it be *known* to be non-tuberculous, is grossly careless or criminal; which of the two makes no difference to the dying baby. When Bang, the redeemer of Denmark from tuberculosis, boiled the milk of his tuberculous cows he could afford to leave the calves in their mothers' company.

To prevent the infection by tuberculous milk the physicians and health departments of the whole world are unanimous in regard to the necessity of elaborating rules. It is regrettable, however, to notice that Koch goes out of his way by always insisting upon what he calls "the practical side of the question," namely, that the infection by milk or the intestinal invasion of bacilli is a negligible quantity compared with the direct invasion by inhalation. If ninety per cent., or ninety-five per cent. of pulmonary consumption are caused by inhalation, they should be looked after. Everybody agrees to that. The five or ten per cent.—Koch's "negligible quantity"—which are killed by the use of raw tuberculous milk have, however, no reason to be edified by his consoling "negligibility," or by ours. And what is there that consoles him or mankind for the million tuberculous, limping, cripples and hunchbacks, and glandular degenerations, and fatal cases of tuberculous meningitis?

The more we have learned of tuberculosis the more we appreciate the possibility of contagion, but also the possibilities of escaping it. It is not hereditary. The cases of hereditary direct transmission are quite rare. The only one I ever saw in what mistaken people call a long life dates back to the ante-bacillus period thirty years ago. But there is a hereditary *predisposition* simply because there is heredity in the substances of the tissues and in its functions. It is not only your hair—or baldness, if you so please—and your eyes and your eyebrows and chins and noses you have inherited from your parents, or from one of them, but the shape of your body, your lungs, your

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intestines. That is why there may develop in families many diseases of the glands of the mucous membranes, many cases of appendicitis. The shape of the chest may be inherited so as to lead to the phthisical habitus, of which we hear so much. That means a chest formation small, narrow, long. Much of this is merely the result of bone irregularities, which may be transmitted from generation to generation, and depends in many cases on a shortness and premature ossification of the cartilage of the first rib.

The short-sighted method of looking, horse-like, between blinders has much to do with the one-sided way of fighting tuberculosis. When the tubercular bacillus was discovered to be the cause of tuberculosis, ways of attacking it were looked for. It was assailed by hot air, by enemata of sulphurous acids, by poisonous inhalations, by big doses of tuberculin, with the result that the germs were killed *perhaps*, but only after the patient had died of the disease and the alleged remedy. At the same time the symptomatic medicinal treatment which had relieved the patient and even prolonged his life was neglected by too many, and the prevention of or attention to influences, which had been known to lead to consumption—at least as a concomitant cause—was neglected. Of two of these concomitant causes I shall speak to you; they are scrofula and colds.

In order books and amongst old rules as late as say about twenty-five years ago—some of us are old enough to remember that—catching cold was considered one of the causes of tuberculosis and of consumption. Now-a-days disbelief and bad memory are such as to neglect colds as a cause of disease. A great many people, I mean writers, sitting warm at their desks and with spectacles on their pensive noses, caps on their shiny heads, and foot warmers, will tell you that what we people are calling colds does not exist, and that when it exists it is always the result of some microbic germs. I ask you—even those of you who pay seven dollars for your custom-made shoes—with a hole in one of them—whether they know what a cold is, contracted in a minute's exposure to liquid snow. Or those who, like myself, and other working people, are subjected to a draft on their feet in an open trolley car or in their

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own room between open doors or windows, or in the front row of a theatre—if you are so lucky to still have time to look at a show—not to speak of those who contract pneumonia or some other infectious disease merely because they are driving in an open buggy or automobile in cold winter's nights against the wind, and get chilled through. It is true the pneumonia has its own germ, but what I want to impress upon you is that that very pneumonia germ would never have hurt its victim if it had not been itself in alliance with the cold. Therefore, let me tell you something about the connection of catching cold with tuberculosis, with consumption of the lungs. First, however, a word on another predisposing or a concomitant cause of tuberculosis, namely, scrofula. Now, that name means an extreme vulnerability of the skin and mucous membrane, mostly in infants and children. Skin diseases such as eczema and swollen glands and lips and nose, and running ears and eyelids, with a tendency to ulceration and slow recovery—that is what was called scrofula. When it was found that these conditions were often the fore-runners of tuberculosis or pulmonary consumption, strings of books and pamphlets and endless essays were written on the relations of scrofula and consumption. In the light of modern knowledge we now know that germs will stick only to sore membranes, and may thus cause consumption by being carried inside. Imagine you were in constant or intimate contact with an infection-breeding germ. It cannot enter you or your circulation unless there is a break in the surface, just as a yellow fever or malaria-laden mosquito cannot get at you as long as your netting is perfect. A friend of mine, healthy and vigorous, a doctor in large practice until he died thirty-two years ago, was quietly picking his cheek on which he felt an irritation, and broke a small pimple. He was treating erysipelas cases at that time. Indeed, we saw a score then where we see scarcely one now-a-days. He died of erysipelas in his brain membranes five days after. That was in 1876. The erysipelas germ, with which we became acquainted as late as 1883, "Fehleisen's coccus," though covering his skin in numberless masses, would not have entered his circula-

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tion through the *intact surface*, but rushed in as soon as the armor of the healthy skin was broken—that is, when there was a sore spot. A few years ago the newspapers, which sometimes do get a report straight, told of the case of a young mother who when playing with her infant was scratched by him. She died of erysipelas within a few days. Probably the erysipelas germ was under the baby's nails. Indeed there is almost no danger which is not lurking under the finger-nails, and that is the reason why surgeons know of no greater enemy to a successful operation than their own finger nails. Books have been written on the art of cleaning hands and nails effectively.

A very common experience of that nature is connected with diphtheria. During an epidemic many a nose and mouth and throat are inhabited by its bacilli. Why is it that comparatively few people are infected, and particularly few adults. Simply because the bacilli are originally surface dwellers. They are like burglars on a roof with no access to the interior. You may wipe people's nasal cavities out, or their throats, and find untold numbers on the intact membrane, but the persons are not sick. Your board of health looks after the children who have had diphtheria until, while they are practically well, the last bacillus has left their throat. Meanwhile the health department is called names for annoying both the recovered patient and the family for locking the child up and keeping it away from its school. They are all correct—the health department with its doing, the family with its scolding. The latter are possibly safe, but may be infected by that very child which apparently is healthy; and the town may be endangered. Why more than the very patient? Because his bacilli while he is practically well, and the germs that are unable to get again inside him, will be sent about in a cough, in his expectoration, in kisses and other contact; and all those whose mucous membranes in mouth and nose are not perfectly normal may be taken sick, and will start another center of contagion.

As diphtheria, so tuberculosis. Its bacilli may be deposited on your skin. Unless there is a sore, they will cause no local tuberculosis; as, for instance, on butchers'

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hands. They may invade the nose, mouth and the throat. Unless, however, they find a trifling wound which may be microscopically small, they cannot enter the circulation. Wounds or sores are frequent. They result from lesions caused by a foreign body entering the nose; a wound on the skin, a burn of the mouth caused by hot water or spices, by a previous illness of the throat, or by chronic bronchitis, or a scratch—*or a cold*.

The latter means or causes a local or extensive congestion on some part of the interior cavities, with or without the secretion of mucus, and with or without fever. The epithelium of the surface is thrown off, and influenza, diphtheria, rheumatism, erysipelas, scrofula, meningitis, tuberculosis walk right in. And now just here it is worth while to look for preventives. The thing is so simple that I am afraid to speak of it. Everybody knows it, or believes he knows, after he has been told, and so simple that it is treated with neglect. It is easier to prevent colds than to cure them. Keep your mucous membranes healthy, keep your nose clean and your mouth; have the tonsils, when too large, resected, not exsected; that means they should not be removed in their totality. That large adenoids should be removed is almost universally recognized; those of you who snore or have snoring children should practise irrigation of the nose and throat by pouring a warm salt solution—six to one thousand—into the nostrils from a cup, not from a medicine dropper, not from an atomizer, nor from a douche bottle, once or twice a day. By this gentle irrigation you avoid ear troubles, and the growth of small and at first innocent adenoids, and the annoyance and expense of operations on the nose. Further, take a cold wash on getting up, with friction all over your fourteen or sixteen square feet of surface. It will improve the circulation of the skin, and thereby relieve and strengthen the heart. What is good for you is good for your two-year-old children, with very rare exceptions to be ordered by your doctor. However, they say a friend of mine has written a book lately in which he makes light of the cleanliness of the skin as attained by daily or frequent bathing. I claim, however, that as long as the circulation becomes

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vigorous and colds are avoided by daily cold bathing or washing or showering, and subsequent friction, I cannot see much harm in being clean. Further, keep your feet warm and those of the children by thick soles and stockings, and dress according to the season. There must be no cold, bare, shivering legs of children. The rule is: invigorate their surface, but protect it. That is the way to keep your mucous membranes intact and to protect yourselves against the germs of influenza, diphtheria, tuberculosis, cerebro-spinal meningitis, rheumatism, and other gifts called "providential" by sufficiently pious people. All of it looks simple, and is so, and is as effective as it is simple. I am, so is Nature, opposed to the fad of many of our young college and gymnasium fellows, our would-be athletes who try to harden themselves by insufficient underclothing after their cold bathing. I say harden *and* protect. If that be not done, tuberculosis and other infectious germs will reap their harvest. It has taken physiological research a long time to find that out, and explain it, and teach it. I thought it would fit the occasion to refer to the relations of the two important factors: scrofula and colds, to pulmonary tuberculosis. In the brief minutes at my disposal, it is true, I thought also the simplest methods of expression would be rather appropriate. It is true I might have told my tale more stirringly and less intelligibly by quoting text books and poetry, pronouncing metaphors and technical terms, and, if I had less respect, employing for you Latin and Greek words. Some people like it; I do not.

## THE DOMAIN OF THE LIBRARY

THE invitation of your Executive Committee permits me to speak to you, and the New York Academy of Medicine, which has always revered the great names of Johns Hopkins and of Baltimore, has delegated me to convey to you its good wishes and hearty congratulations upon the inauguration of this new Library of the Medical and Chirurgical Faculty of Maryland.

We of the Academy flatter ourselves on owning,—second only to the Surgeon General's Library, which takes precedence over all medical libraries of the world,—the largest and best assorted collection of books and magazines in this country. At the same time, the emulation of Philadelphia, Chicago, Boston and Baltimore is welcomed by us with hearty sympathy. We have had remarkable success with our library. While benefiting us, it has given us opportunities to serve others. For a nominal sum we could supply San Francisco with 23,000 well-selected books and magazines, and thousands were sent after the earthquake and fire ceased vying with one another in their fury. We have often enjoyed the acknowledgment of our helpful contributions to the rising libraries of smaller cities, and have stepped in when the insufficient means and methods of the Association of Medical Libraries had partially failed. What our library has signally succeeded in, is the improvement in our opportunities and facilities, and its growing appreciation on the part of our colleagues. The number of our readers, who enjoy their studies in as solemn silence as that of their church, has increased from 3,888 in 1891 to 16,422 in 1908. In 1891 the library contained over 40,000 volumes and 12,000 pamphlets, and took 400 current periodicals; in 1908, 77,618 volumes, 44,000 pamphlets, and 1,468 periodicals.

Its value to us exceeds even the facilities it gives us

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to study and to learn; we have learned to look upon our position as the chief centre of everything medical in the City and State of New York, and our reputation at a distance is due to our library,—mainly since the time when our new building, which we now deplore as becoming too small, so greatly improved our resources. Our library has done for us what any great collection does for others and will do for you. The taste for learning has been stimulated. The literature of our country and that of Europe is more extensively known and utilized. As the knowledge of foreign languages is more general with us Americans than it is in Europe, so the medicine of Europe is better known amongst us than is ours in Europe. It must strike you that American medical books display much universal library information culled from all countries, while those of Europe, with rare exceptions, only that which emanates from the individual nation.

With the love of learning, a habit of original research is established; the respect for what has preceded you grows together with the appreciation of what is constantly accomplished by your neighbors. When we learn that what we believed to be a discovery of ours is really a prior discovery of somebody else, and that our alleged new scientific facts and data are as old at least as some of the hills, modesty is inculcated into some of us. Where such modesty takes root, it restores and creates anew mutual respect between professional men and women; it improves the character of our writings, which occasionally,—some say too often,—is hash, or, what is worse, rehash; and diminishes, we fervently pray, their number. Indeed, I dimly remember being told by a plain-speaking and courageous man,—I am forbidden ever to recall his name,—that the number of 1,000-page text-books and the legion of magazines and magazine essays might be reduced without harm to you and me. He also was heretic enough to say that publishers should not be the sole *fontes et origines* of our copious literature, and suggested that for the purpose of raising the chairs of babies to the level of the dining table of the delighted family no new medical cyclopedia was required.

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It is true that no library building is of any use without its competent library,—like a man without a soul,—and books are naught but lifeless skeletons unless they are read and heeded. Our old yet eternally young Hippocrates has told us that “the physician must know what they knew before him unless he means to deceive himself and others.” So you want readers for your books,—they are seeds without flowers unless read,—and memories to hold what has been read.

One of the great books was Auenbrugger on Percussion. It remained unheeded or forgotten for forty years. Then Corvisart translated it into French. The translation was forgotten for twenty years until Laennec immortalized it and still more himself. So much time was lost, and so much opportunity.

Paracelsus and Morgagni taught the frequent occurrence of visceral syphilis. John Hunter, the experimenter, great enough to be forgiven for his dictum: “Do not think, try,”—had not read and did not know of it until Ricord fifty years later taught emphatically what was known three centuries and one century before. The same Ricord denied as late as 1838 the dangers of secondary and constitutional lesions of lues, though the sixteenth century teems with penal laws for doctors and barbers who neglected the carefully described infectious disease which killed or mutilated tens of thousands. Ricord’s authority was so great that his heresy, the result of ignorance, cost us many of our patients and it took us long before we got rid of his mistakes. There are some few here who have had personal knowledge of the curse of that ignorance.

As early as 1830 Eisenmann taught the dangers of ophthalmia of the newborn. Thousands of preventable cases of blindness might have been treated and cured with cleanliness and his chlorine solution. But ignorance and indolence reigned supreme for another half century, until in 1881 Credé repeated the lessons which were learned and minded in Europe, learned and little minded in America. We cannot plead ignorance, we quietly submit to our indolence. We prefer to build asylums for the blind after we

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have shut out the light of heaven from their rayless orbs by neglecting prevention.

In the eighteenth century, Home, the Englishman, suggested tracheotomy for the saving of strangling croup children. It took a great Frenchman, Trousseau, a reader of English and knower of things, to save many; and in our America,—proud, and aggressive, and enterprising,—we waited almost a century until a Russian immigrant, Waldemar von Roth, introduced to us the life-saving operation.

In 1858 Bouchut came near perfecting instruments designed for the purpose of intubating the larynx of croup children. The adverse report of the French Academy of Medicine is sad reading; but the journals of that period, including our own, were temporarily full of the discovery and the rebuff it met with. The increasing volume of our literature buried that most precious of all gems, and Bouchut, though alive, was dead. Twenty years afterward a thoughtful and sorrowful American, who like many of us had despairingly shuddered over the writhing bodies of hundreds of suffocating innocents, worked for years unselfishly and conscientiously over the problem of supplying the lungs with air, which had been solved by Hippocrates 2,000 years even before Bouchut. Our American happened to speak of his hopes, and was told: "I trust you will be more successful than Bouchut." "Who is Bouchut?" He was directed to the literature, read, and moaned: "I have lost four years. I never knew."

Joseph O'Dwyer's brain and hands never rested until he had consummated his task; his warm heart always encouraged his head, but he never ceased to deplore his not knowing what had preceded his own efforts, both in ancient and modern times.

To gather and preserve the results of human effort is the domain of the library. I am not a sentimentalist, but to me the endless book-shelves of a great library are sacred things; and the bent heads and strained eyes of silent students, old and young, represent to me a congregation and a temple.

Forty years ago, Schiller, Zweifel, and Korowin made

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very simple experiments on the digestibility of small amounts of starch in the saliva of very young infants, even of the newborn. The results were affirmative, and facilitated a sensible and safe modification of cow's milk for feeding purposes. They were followed by many, and experience, experiments, and chemistry proved again what people felt sure they knew before,—that a nursing woman was no cow, and raw cow's milk was not human milk, fit for the exclusive feeding of the human baby. That looks simple, and is simple. But to some it is still simpler not to know even the most accessible literature, and more profitable to fill the greedy ears of unsophisticated reporters and readers of sensational newspapers with the riches of their accumulated ignorance.

Ignorance such as this, and a thousand other varieties, it is the domain of libraries to remove, and thereby to fortify the health of body and mind, to connect the present with the past, to fill the gaps between centuries, to render the literature,—that means the minds, the civilization of all nations,—accessible to their neighbors, and thus to aid in demonstrating and emphasizing the unity of science and of mankind. Thus, great libraries are amongst the most influential fertilizers of the soil on which mutual respect and help, and amity and eternal peace may be expected to thrive.



## ADDRESS AT COMMENCEMENT OF ALBANY MEDICAL COLLEGE, MAY 18, 1909

THERE are several things I take for granted. You approached the study of medicine well prepared. For *studying itself* must be learned by protracted application, in the same way that muscles cannot be developed into power and endurance without prolonged and systematic exercise. Then you worked hard your four years. I feel certain you know quite a good deal; there may be even those who know it all, and more confidently now than twenty years hence. You have even succeeded in informing your professors of things they were courageous and inquisitive enough to ask you about.

So I approach my task with a great deal of diffidence. Still, I thought my young friends and the ladies and gentlemen present would not object to listening to some remarks—fragmentary though they be—by one who has only one claim, which is that he has served in the rank and file of his vocation what they call a great many years, and is sure of one thing only, viz., that he meant to give to his profession and to the people what little he may have possessed of brain and heart.

You are at the threshold of your career. Leaving the institution which gave you much information and some training, you would have more callousness than I credit you with, if you did not wish to know something of the profession,—the doors of which are ajar for you,—and what it stands for. After you have once entered, most of you will not be willing or able to leave it. If most of what can be said of our profession enlightens you and warms your heart, Medicine purified and purifying will have gained new apostles.

The progress of medical science and art in America has not been the mere adoption of continental European

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achievements. These were cultivated by the governments: our democratic institutions, however, did not permit that—our medical schools were all private enterprises until a comparatively short time ago. It has been the profession—that means the country and city doctors—that has aided the schools in every progress, and often taken the initiative. The lengthening of the courses of instruction from a few months to two years, to three years, and to four years; the enforcement of a more advanced education preliminary to matriculation; the introduction of State examining boards; the prevention, as far as possible under laws which sometimes favor incompetents and criminals, of fraud and quacks and diploma mills; the demands for the extension of clinical instruction—in which our average school is still fifty years behind Europe—the foundation and endowment of laboratories; the early obedience to the rules of an ethical behavior; the abrogation of obnoxious claims on the window-signs and of specialistic advertisements—they have all been the result of the spontaneous efforts of the democratic profession. Thus it happened that if ever there was in its ranks a man who was not a gentleman, he was obliged, if he meant to be counted in, to at least behave like one. In that respect we are far ahead of Europe, where they are at present engaged in wishing for a code of ethics which we abrogated a few years ago, when the profession at large became aware of the fact that a professional man requires only the instinct and the behavior of a gentleman—without threats, or coercion, or fines. These are some of the things our profession stood for and stands for.

You notice I have a great opinion of the profession to which I belong as a private. I am just as proud of our officers and leaders.

Our America has not failed to contribute to the progress of medicine. According to long-established British habits, fortified by the teachings of French medicine such as it was in the first half of the 19th century, American medicine has proceeded on the lines of close observation and clinical experience. Since Pasteur, when the laboratory conquered its place alongside of clinical work, we have

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not waited long before taking our place with the most successful investigators of Europe. Among our living leaders, I count with pride Weir Mitchell, Theobald Smith, and Reginald Fitz of Harvard, S. J. Meltzer and Simon Flexner of the Rockefeller Institute,—the latter if not the creator at least the most successful fosterer of the serum against cerebro-spinal meningitis; Herman Biggs and Wm. H. Park of the New York Health Department; William H. Welch of Johns Hopkins—whom on account of original discoveries, broad general information, and eminent service as an eloquent lecturer and speaker I should mention as *facile princeps*—the present head, if there be any, of American Medicine.

What more does the medical profession stand for? These fifty-six years I have tried to solve that question by close observation in private practice amongst the rich and the poor, in public work amongst the medical societies and institutions, in the individual sick room, and in the profession's public efforts as sanitarians, in prevention and in cure. I have never found the profession wanting, though I assure you the life of a physician is a hard one, even of him who belongs to the class of those who do not exactly remain poor in worldly possessions.

I take it for granted, or rather I hope, that most of you are preparing for a general practice amongst your countrymen. I hope so, for the general practitioner is the most dignified, the most useful, the broadest member of our profession. He may conquer a happy life if he be satisfied with the rewards of a clear conscience and the knowledge of manifold interminable duties well performed in manly usefulness. If there be a poetical vein in him he will be pleased to remember that all the gods of the ancients were only specialists. One was a smith, one was a blunderer, one was a beauty only. The loveliest of them all was he who sent epidemics and cured them, who was the poet, the musician, the dancer, Apollo.

Are you looking for pleasant days, healthy occupation, quiet nights, regular meals, financial success, popular recognition, warm gratitude on the part of those you have benefited or in whose service you have sacrificed your

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comfort and your health, with or without success?—You are young, the world is wide—turn your ship and steer in other directions, seek other fields of labor. For you may be disappointed. From the orator at the semi-centennial celebration of the New York Academy of Medicine, I quote the following lines: “Perhaps some of you remember having gazed at a statue at Munich. It represents a youth climbing upward, passing disdainfully the golden calf to attain what he evidently believes to be a crown of laurel in the hands of the goddess. What he finally snatches is a crown of thorns. Still he climbs, may be to reach the stars, to which the poet-philosopher bids us hitch our wagons. In spite of failures, a wide horizon our friends—old and young—are admonished: hitch your wagon to the stars. Not everyone falls like Icarus, and the horizon enlarges from the heights. Unless, however, that horizon be vast, both the morals and the science and art of medicine will suffer. It is from that point of view also that neither pure scientists nor practitioners should ever forget that there is no antagonism between the two classes. There was a time when the pure scientist, the narrow laboratory man, looked upon practice as inferior, and the practitioner upon pure science as beyond the pale and unpractical. Helmholtz, however, than whom the whole century has provided no more intense worker in pure science, proclaimed that pure science is not the aim of man; that you may dignify it in two ways only—either by enlarging or by applying it.

Apply what you know, and daily learn, in the community's service. There is no power more worth possessing and more inestimable than life and health. Mind what is inscribed over the gate of a Swiss Hospital: “*Res sacra miser*,” misery is sacred. So your patient, your community, are sacred.

Nobody has more opportunities to recognize that than the general practitioner. Only do not forget, I beg of you, that you must be what you set out for, a *general* practitioner. Your horizon is naturally so much wider than that of the specialist with equal gifts, industry, and interests that harder work and more altruistic abnegation

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are demanded of you. You cannot know everything, you have less dexterity in certain applications; may not enter into competition in the intricate ailments of the eye or ear; but your human interests are wider on account of your varied occupation, of your contact with the people, their families, habits, inheritances, circumstances, mode and place of living, joys and sufferings. In a century in which the influence of the sectarian clergyman as a home adviser decreases and the lecture hall takes the place of the local church, the doctor was, and is, or should be to-day, the adviser and friend of his confiding clientele and his town. It is he that will be at the same time the private and the family doctor, the sanitarian of the town or county, and the trusted teacher of hygienic principles which are the same in city and country, big or small places, and differ only in their application to the needs of the population. I have quite often seen my brother practitioner in that position,—the esteemed friend and revered authority, mainly of the educated part of the population. Still, his is uphill work. For in our present generation some fake information is greedily caught up from pretentious daily prints whose overbearing assertion of knowledge is readily shared by a thousand readers, of the class whose circumstances allow them not to give their whole days to business or labor. The mechanic and working man who is kept busy all day has no time for the by-ways of semi-information. In many of the well-dressed and fed and housed people, the cumulated ignorance, which is always combined with presumptuous vanity, leads to dire consequences. Thus it happens that in all Anglo-Saxon countries sentimentalism and fanaticism are running amuck. In England, the anti-vivisection movement—which means the fight against animal experimentation undertaken in behalf of the study and prevention of infectious diseases—has led fanaticism into the cool statement of unmitigated untruths; and that against vaccination—which has stood the test of a century—to the proposal made, according to Philadelphia newspapers, by the ladies of both sexes that one of them on one side, and Dr. Dixon, the head of the State Board of Health in Pennsylvania—or if he would

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refuse, then Dr. Neff, of the Philadelphia Board of Health, on the other, should lie down with a smallpox patient. It was not stated, however, what that sandwiching would do for the patient, or for one of his bed-fellows, or for science, or for smallpox.

What does the profession stand for in connection with these questions?

In some countries of Europe it has succeeded in instructing the people and the governments. Germany is a vaccinating country, and knows no smallpox. In the Franco-Prussian war of 1870-71 the Germans lost of their one and a half millions of soldiers 456 from smallpox, the French, 23,600. Evidently it pays to learn and to know; it pays still better to be guided by knowledge.

What has the profession done in connection with the other important question I mentioned, that of animal experimentation, which is the foundation of modern physiology, and—to bring the matter very near you—of life-saving serum treatment?

Not much, indeed so little that it has fallen into the trap of adopting the nickname given for research experimentation by its enemies, viz., the term “vivisection,” which should never pass the lips of a scientific doctor except in quotation. Animal experimentation is almost suppressed in Great Britain, the country of many fads alongside of aggressive suffragettism. The result for England is that its physiology is inferior to that of the world, and that when an English scientist looks for the confirmation of a justifiable hypothesis he must go to France for an opportunity to study.

And we here? For thirty years annually we had to go to Albany to defend the science and art of medicine, and the people against the attacks of unemployed, idle well-meaning, or,—as the case may be,—ill-meaning, hysterical or not hysterical, mostly childless, persons of both sexes. What I have always blamed the medical profession for is that it has occupied a defensive position, instead of preparing the legislature, the Governor, and the public at large which delegates them, for the always renewed attacks on animals experimentation by friendly and popular

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instruction in magazines and newspapers. I do not speak of interviews which are, as a rule, superficial, thoughtless, haphazard, sometimes merely advertising schemes on the part of notoriety seekers. I mean essays, not drawn out, but brief enough, in plain popular language, without Latin and Greek technical terms. You may not believe it, but there are doctors left who know English, and who know how to write it.

It will not do to blame our legislatures for the frequency of the attacks on science and art and for their indisposition to side with what at the same time is the contest of the profession and the welfare of the community, as long as we have been supine and indolent. However, as late as this year, at least, a self-constituted committee of medical men has prepared a score of popular and withal scientific papers on the value and significance of animal experimentation, for the use of the public in magazines, and in leaflets for the instruction of legislators. What has been the immediate result? Two hearings before full and well-informed and sympathizing legislative committees, and the burial in committee of the anti-vivisection bills presented by well-meaning and ill-disposed ladies, and well-paid and nothing else lawyers. The leaflets may be had at the office of the Medical Society of the State of New York, in 17 West Forty-third Street; they contain whatever you and I, the doctors and the public, need to know on the subject of animal experimentation. They are easy reading, instructive, and convincing. It is proper that we, the people, should be watchful and jealous in regard to our legislators and Executive and hold them responsible for mistakes made in our service, but in regard to our rights and their duties we are too lenient to ourselves and too exacting with them when we believe we have done enough in electing them and sending them on their errands, and then foam at their mistakes or ill-deeds resulting from their ignorance in matters foreign to them, or of many of them, which we were not alert enough in correcting. We owe them information.

The science of hygiene owes its origin and development to two causes,—first, humanitarianism; second, utilita-

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rianism. The first owes its existence to the sympathizing human heart; the second, to the problems of necessity viewed from the point of political economy. When, in February, 1848, Virchow, then a young man, was sent to Upper Silesia to study the epidemic typhus which diminished the number of subjects of the Hohenzollern family to an immense degree, he returned with his report founded on his observation of the living, the starving, the sick, and the dead—that what was wanted to prevent the scourge was less medical treatment than the improvement of the social conditions of the dirty, hungry, starved, bigoted, and ignorant population.

He looked for safety, not in drugs, but in culture—in social reforms, in education and its daughters—liberty and prosperity—in full and complete democracy. He advised popular education, agricultural schools, the raising and teaching of the numerous orphans, the building of roads—indeed, the recognition of the fact that the nineteenth century was to be the beginning of the social era. In a journal founded in the same year of the political revolution of 1848, he also proclaimed what should be the gospel of every physician: “The physicians are the natural attorneys of the poor, and the social problem is to a great extent part of their jurisdiction.” In connection with that, he demanded a reform of the nursing of the sick, which should be obligatory; also the possibility of a hygienic existence; also a reform in the *medical* profession, in *medical* teaching, and in state medicine. You can imagine what happened. He was deprived of most of his positions in the University, but the spirit the Government had called up was indomitable, and the stone they thought of rejecting became the cornerstone of modern medicine and of political liberalism.

That is one thing the medical profession must stand for, but it wants allies—you, all and every one of you!

The heart alone will never be a proficient factor in the foundation of a scientific hygiene. That requires, without excluding sentiment, knowledge and the application of logic. That is why anti-vivisectionists and anti-vivisectionism play such havoc through sentimentality. Utilita-

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rianism is created by the necessity and the natural egotism of an individual or of society, which tries to protect itself against the contagious diseases of its neighbors. The mediæval lepra houses had nothing to do with sympathy or pity—people merely imprisoned the sick to protect the well.

Jenner's vaccination, the most influential preventive of a whole century, was meant to protect the well, and has succeeded in exterminating smallpox in countries whose hygiene is not controlled by capricious ignorance. The practice of cleaning streets and sewers, the very building of sewers, and the regulation of the water supply were necessitated by the imminence of cholera and the fear lest the population might be diminished. Since 1840 Norway has reduced its 2000 lepers to 200.

Those who are intimately acquainted with what has been called by the misnomer "lower classes," that is those who suffer most from all forms of tuberculosis, and mainly pulmonary consumption—have long come to the conclusion that the malady depends to a great extent on improper or incompetent social conditions, and that the extermination of the great plague is, in a great measure, a social question. Virchow's conclusions, drawn from his experience with pestilential typhus, apply with the same force to tuberculosis, which, though it be a preventable disease, cannot be prevented so long as the origin and the deleteriousness of pulmonary and other tuberculosis cannot be stemmed by ample space, air, isolation, rest, food, and appropriate medication. So long as these cannot be procured, whatever leads to the realization of preventing or curing should be welcome. In that light the fight for high tariff or low tariff, or merely political problems appears criminally insignificant; and the movements in favor of enabling the millions of unfavored, hungry, uneducated people to live a human existence—call these movements liberal, humanitarian, or socialistic—find their ready explanation. For you and for millions, religion and good citizenship may be made equally effective in promoting human welfare.

Water-borne epidemics of typhoid fever are still fre-

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quent. Other outbreaks are due to milk; a large number of cases, hundreds of epidemics, have been traced to a single milk route. One such occurred in Stamford, Conn., a little while ago. Typhoid fever in the family of the farmer or amongst the employees has been found to infect extensive neighborhoods. Strict sanitary regulations are liable to be effective; more effective is the *obedience* to these. Inspection is expensive,—at least our legislators say so, and refuse the appropriations required for that purpose by the Boards of Health. They think it is less expensive to have our people die of typhoid and tuberculosis, which are not expensive, if you call no expense the four hundred millions,—or much more,—for which the United States is mulcted annually by the loss of two hundred thousand consumptives only.

Dr. George M. Kober, of Washington, D. C., during the Governors' Conference at the White House last May presented figures which showed that the decrease in the "vital assets" of the country through typhoid fever in a single year is more than \$350,000,000. Typhoid fever is largely spread by polluted water, so that the death rate from this disease can be directly reduced by the purification of city drinking water. The increased value of the water to the city of Albany, N. Y., where the typhoid fever rate was reduced from 104 in 100,000 to 26, by an efficient filtration plant, amounts to \$475,000 a year, of which \$300,000 may be considered a real increase to the vital assets of the city. The average annual death-rate from typhoid fever in cities with contaminated water supplies, was reduced from 69.4 per 100,000 to 19.8 by the substitution of pure water supplies.

There are, however, cases and epidemics of typhoid fever which cannot be traced to obvious causes. For some years past many typhoid cases found no explanation at all. A few years ago in Strasburg, a number of cases which occurred in the same family were traced,—after long searching and delay,—to a female employee who had had typhoid a dozen years previously. Dr. Soper, of New York, followed up the cases of typhoid in seven different families, and found that they were all infected by a

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woman who,—since she had had typhoid many years previously, and had been apparently entirely well,—had served as a cook in all of the families, one after the other.

Many such cases have been reported. A year ago, twenty-six cases occurring in Georgetown, D. C., in a single week, were finally traced to the dairymaid, who had had typhoid fever eighteen years before. If it were the intestines of these typhoid carriers alone that were the seat of the bacteria and of infection, we might hope to reach them, though that would be difficult, or almost impossible. An intestine thirty-five feet in length is not easily reached, either from above or below. It is true, bacilli can be killed, but often not before their hosts,—poor you and me,—have been killed by the strong and dangerous measures required. The case, however, is still worse. In most of the instances recorded, the main seat of these bacilli is the gall bladder, which can be reached at the present condition of our knowledge by an operation only. Is Bridget to present a certificate, before you employ her, of having undergone an operation for gall-bladder cleaning or extirpation?

One more word on typhoid fever: We all remember the so-called Spanish War; many would wish to forget all about it, but cannot. Though our victory was conclusive and brilliant, like that of a 200-pound athlete over a half-grown invalid, our losses in men and cripples surpassed vastly those of the enemy. Our losses by typhoid fever and dysentery at Chickamauga, in Cuba, and at Montauk resulted from our culpable neglect of the simplest health regulations. If it had not been for the men and women who gathered at Montauk to feed and to nurse, and the moneys furnished by volunteers, many more hundreds would have perished on the sand of Long Island. We knew it all, we forgot all; our pensions, however, do not wipe out the inhumanity of our neglect. I pray it may be the last unheeded warning.

Meanwhile, being a glorious,—and sometimes also rather vainglorious people,—we boast of our sanitary achievements, justly so in a few respects. The mortality along

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the formerly fatal Panama Canal is less than that of New York. Some say that result is the outcome of medical science and art. Unfortunately, that is true in part only. To prevent disease and death two things are required: first, the knowledge of the causes of diseases and of the means of preventing them; second, a man, or the men, to change knowledge into action. That is what a doctor has done. His name is Gorgas. His rank is that of a major, and he is an army doctor. His application of the results of medical research and experience has performed the miracle of making Panama salubrious. It is the doctors who are building the canal. "Dirt does not fly" at the hands of shivering and emaciated men. And the corpses of those stricken by malaria, and typhoid, and yellow fever are not encouraging to the survivors in the field or in the hospital tents. Said "dirt" flies only when the doctors make it fly. That is what the medical profession stands for.

Now, gentlemen, your duties as life-long advisers in matters medical and hygienic, and as conscientious citizens, are not limited to *these* questions. There is the prohibition hurricane,—no longer a mere wave. The question whether alcohol is a stimulant or depressant, a medicine or a food, or a poison, cannot be discussed here to-day. We all agree that alcoholism, both acute and chronic, is a curse for man and woman, for the town and country, for the present and future of mankind. But a hurricane is unreasoning and destructive. Its appearance in human brains is a form of temporary insanity which *you* should aid in preventing or curing. The most "air-tight" prohibition law is that which will go into effect in Kansas within a few days. It provides that "any person who shall manufacture, sell, or barter any spirituous, vinous, fermented, or intoxicating liquors shall be punished." The punishment for each offense is a fine of \$100 to \$500, and imprisonment in jail of from thirty to ninety days. The new act makes only one exception, that of the sale of wine for communion purposes, and does away entirely with drug-store liquor permits. *It provides that physicians shall not prescribe liquor for the use of patients.*

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I feel perfectly sure that even this spell of crazy ignorance will contribute to improving the physical and moral condition of the people. For experience teaches that every revolution ends,—not in the achievement of what it alleged as its purpose,—but in accomplishing some of its aims; that is a reform. If that were not so, the drunkenness of alcohol would be no worse than that of the prohibition craze. The final result will be that we shall surely be on the road which leads away from intemperance.

But these fifty-six years of my medical practice I have convinced myself that physicians' prescriptions should not be barred out even in that Kansas which has been notorious these fifty years. A year ago I had the opportunity of speaking on the subject of nihilism and drugs before the Medical Society of the State of New York. In that address I spoke of the treatment, for instance, of the fatal cases of excessive diphtheritic sepsis, with the foul odor from nares and mouth, the colossal glandular swellings, bloody and serous nasal and pharyngeal discharges, erosions, petechiæ, or other hæmorrhages, unconsciousness or coma, and,—unfortunately,—no increase of temperature. "You know these are the cases in which you and your antitoxin are powerless, and the only possible salvation is in local antisepsis and most energetic stimulation. They die, all of them, unless some are saved by a drug. That drug is alcohol. Bacilli, and cocci, and toxins do not engage in a playful game,—they mean fatal business. So you had better not play with your antidotes. No dose of alcohol,—internal, subcutaneous, or rectal,—administered intelligently, is too large. No dose will ever intoxicate so long as the sepsis is not overpowered by daily doses of five, ten, or fifteen ounces of whiskey,—properly diluted,—given to a child of three to five years. Do not let up on whiskey before sepsis lets up on you."

Emmerich claims that his pyocyanase treatment,—the result of bacillus pyroconeus aureus cultures,—reaches cases not influenced by antitoxin; but his experience,—which is that it acts mainly in cases with very high temperatures,—is no recommendation for its efficiency in the very worst cases of septic diphtheria. Indeed, the saddest

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forms are those with a nearly normal, or even a decidedly subnormal, temperature. Let us pray and hope that the ignoramuses and hypocrites, and their misguided adherents in Kansas will not experience in their own children, before their senses return, epidemics of septic diphtheria such as I, and some of us here, have known. And let me admonish you, my friends, when a therapeutic or sanitary question comes up in our political life, to remember that you are responsible citizens as well as conscientious doctors, and that your sworn duty to the profession and the commonwealth obliges you to stand in opposition to obnoxious legislation. Please remember what Anacharsis said of Athens,—that “the wise men in Greece do the talking, and the foolish and vicious the governing,” and see that Albany shall not become that sort of Athens.

Nothing is more justifiable than our pride in the medicine of to-day,—the requirements of medical education and the perfection of our art,—both of which enable a man of thirty to be a good enough, and a man of forty to be a good doctor. That was not so formerly. When diagnostic possibilities were less numerous and less exact, and accurate hospital observation connected with exact studies was out of the question,—it took advanced age to gather experience which could be utilized in the service of the sick. It is lucky for the commonwealth that this has undergone a change. There are a great many more useful doctors at present than formerly, if only for the reason that you need not be matured for the cemetery before you reach that of practical competence. But all that glitters is not gold. There is a reverse side to it. Often there is more dexterity and more *savoir faire* amongst us than extensive erudition, which was characteristic of our fathers. We pay no regard to history. A genuine statesman, aye, even a politician,—unless he be a low ward-heeler,—without a knowledge of the history of his State or country is no possibility. No architect, no engineer, would consider himself equipped without a knowledge of the history of his art. We, however, pay little heed to our past. We may not be the only profes-

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sion thus ungrateful, but we are more injured by that ignorance. Our medicine is in part built up, like our Anglo-Saxon law, on precedents. They are much mistaken who believe that there were chaos and darkness before we,—poor we,—opened our eyes on the sudden light of this or of last year. There were great doctors years before we came into the world. Sydenham, three hundred years ago, Boerhaave, van Swieten, Peter Frank, Albert Haller, more than a century ago; Watson, Drake, Trousseau, Laennec, Oppolzer, Niemeyer, they form a series of names of illustrious men whom to study would be to our eternal benefit.

The present should always be studied by the past, and is best *understood* by the past. That is why, when you want to understand the physiology and pathology of the adult you study first the child in its growth; if those of the child, study the fetus and the embryo. That is why Gerhardt and Grancher could be the eminent physicians they were, and Rauchfuss is the great medical man of Russia.

So the essence of modern medicine is explained by the story of the past, and a logical understanding is possible only for those who acquaint themselves with the history of at least the last twenty-five hundred years of medicine. But, lo and behold, we think so little of it here that no university has a chair of the history of our science and art! (Only lately have I heard of an occasional course of lectures on that subject.)

Our very therapeutics is in great part old. Sulphur was used as a disinfectant before Homer. After slaughtering hundreds of matrimonial candidates of Penelope, sly and brave Ulysses tells his housekeeper to get sulphur for disinfection. The Arabs used rhubarb, aloe was known before Dioscorides; male fern was known to the Greeks and Romans, podophyllum to the East Indians, mercury to the Crusaders, iodine was used in goitre in distant centuries in the shape of sponge, borax in epilepsy. Cantharides have quite a history. It is praised by Dioscorides. Lucretius is said to have died of the drug. Ambrose Paré reports such cases. Catherine of Medici, pious

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Catherine, introduced it in Court circles. It was very popular at the Courts of Henry III. and Charles IX. of France, and Richelieu used and recommended cantharidal bonbons to his friends of both sexes.

A goodly part of our modern hydrotherapy you may read up in Celsus and Galen. Our very organo- and sero-therapy has a preparatory ancient history. Paulus of Ægina reports that Mithridates, King of Pontus, concocted antidotes out of the blood of many animals; Pliny, that the same king mixed his poisons with the blood of ducks fed on poisons, also that the bile of poisonous snakes or the mashed lung of one was used against snakebites.

Before we built during the Civil War our famous pavilion hospitals, for which we earned the applause of the whole civilized world, Roverhead erected—in 1756-1764—a pavilion hospital surrounded by gardens at Stonehouse near Portsmouth. After him, Le Roy proposed a similar plan to Paris, which was awaking for a new Hôtel Dieu. He added measurements for buildings, rooms, air-space, etc. Four famous—aye, immortal—men were appointed a committee to report in 1786: Lavoisier, Coulomb, Laplace, and Tenon.

No eulogy of modern medicine is ever pronounced without a number of staple quotations or mentions. The century gave us ovariectomy, but McDowell was roundly abused for it and threatened with malpractice suits; anesthesia, and the *Edinburgh Medical Monthly* predicted: "Before twelve months are completed many shall have recovered from this etherizing reverie." We had the teaching of O. W. Holmes of the contagion of puerperal fever, and he was soundly berated and ridiculed by Hodge and Meigs; and the immortal professor of Pathological Anatomy in Vienna, Kolletschka, cut his finger at an autopsy, and died of pyemia March 13, 1847. Semmelweis found at the necropsy the very changes he had noticed in his puerperal fever victims. Then he observed that amongst the puerperal women that were utilized for the instruction of midwives there were fewer deaths than in the wards in which male students were taught after coming from their dissecting work. For his sound observations and conclusions he was persecuted

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by Graun and Scanzoni until he died in a lunatic asylum in 1865. As he had learned from clinical observations, so Lister learned from Pasteur; fortunately, Lister was an Englishman. Now, the English are no angels, but they have common sense, and their medicine was never built up on fads and imagination. Even Brownianism found no favor in the country of its birth. They took to it in Germany, we took it up; our Rush was its prophet. It is true that two hundred years previously they treated their Harvey shabbily enough. Not a man who was forty years old adopted his teaching concerning the circulation of the blood, and he was pushed aside and lost his medical practice on this account. Goethe—and before him Montaigne, who appears to have said everything before everybody else—said that no man over forty creates new ideas. It appears also that only men under forty accept new ideas. If you want to be safe, my friends, be sure never to be over forty. I am thirty-nine. I had the good fortune of being under forty when fifty years ago Horace Green taught the possibility of reaching the trachea by probes and catheters. I had seen him do it and did it for him and with him. But the old men in the New York Academy of Medicine, many of them otherwise great and famous, preached the impossibility of that procedure, and impossible it had to be. Then came bacilli, but a New York teacher of microscopy was loud in his objections to staining. He said that what he could not see without staining could not exist. He was much over forty. You will find that in connection with everything that is new and accurate and epoch-making there are what D'Israeli calls "those superior persons" who know everything better; like the German Emperor of whom his Berlin subjects tell you that the Lord knows everything, but the Emperor knows it better.

Then came the specific bacilli of diphtheria, of tuberculosis, of cholera, the specific cocci, and the ubiquitous cocci like the pneumococcus, and all the changes in etiology and pathology with which you are all so well acquainted. Then, also the therapeutic measures, part of which are so very beneficent, and the new era of biochemistry—which

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after all will shape the pathology of the near future more correctly than anything that preceded it—with its organo- and sero-therapy, and experimental pharmacology in general—all of that you know, and it is part of your medicine of to-day; and what you know as well, is the safety of patients after carefully planned and performed operations. Now, if there is anything that has restored the unity of what was called medicine and what was distinguished as surgery it is the influence which experimental medical laboratories brought to bear upon both.

Another instance of historical injustice is that of Bouchut. The Paris Academy of Medicine, amongst them Trousseau, the great clinician and tracheotomist, refused to listen to Bouchut, who had almost completed his instruments for intubation of the larynx. Thirty years afterward, Joseph O'Dwyer succeeded in teaching intubation to a hundred thousand American doctors. You know that that one feat made him one of our immortals. In America we were all under forty.

What is the advantage of knowing this, and a thousand other facts, and of our regret of forgetting them? It teaches us modesty. We learn that there were men before us who knew things and did things. It prevents us from discovering, and inventing, and claiming things that were discovered and invented before us; from writing papers which are made superfluous by earlier writings, of those who lived before you, *or got up* before you. It teaches us that we as individuals, you and I, are not alone in the world, that there are those before us and with us who are able to instruct us, and that much mental capital and much industry can be saved by studying the annals of our science and art.

It also teaches us that a hermit life is not wholesome; that the man, the medical man, who means to stand aloof from his peers, will soon be alone and solitary, and soon the man who thinks well of him as a peer or leader is he, and he alone—the hermit. My lesson is for you: the first thing for you to do is to join your County Society, and through it the State Society. My experience is that in no society do I feel more at home and at ease, and

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amongst brethren, than in the Medical Society of the State of New York.

Now, gentlemen, I have seen graduating classes pass before me and out of view for these fifty years. Many of the men whom I bade Godspeed have passed away, many have filled their places with success and renown, others have disappeared from sight without leaving their imprint. Still there are opportunities for everybody. It is true enough that health, circumstances, and luck have a good deal to do with the happenings of whosoever is mortal. But there is no one that is not to a great extent responsible for his fate. Self-made men endowed with principles and endurance are numerous in every trade or profession. Some rules indigenous with every ethical man should be followed, and perhaps it is unnecessary to urge them here. You have been undergraduate students until this commencement. Let this be the commencement of your post-graduate study as physicians and as citizens.



## RULES OF THE NEW YORK STATE BOARD OF EXAMINERS<sup>1</sup>

*To the Editor of the Medical Record.*

SIR:—A law of 1874 established for the State of New York a State Board of Medical Examiners. Frequent deaths and occasional resignations changed its original membership several times, until, upon the recommendation of the undersigned (who, therefore, objected repeatedly to his own appointment), and for reasons easily understood, all the members of the present Board, with one exception, were selected, by the Honorable the Board of Regents of the University of the State of New York, from among the medical men of Albany, the seat of the Government and the Board of Regents.

The profession never expected the law, as it was passed in 1874, to be efficient. It was believed by many that some of the medical colleges objected to the establishment of a State Board altogether, though others were known to favor it. It was certain that sectarian influences succeeded in undermining the passage of the original bill and emasculating it. *It is certain* that no State Board of Examiners will ever benefit either the profession or the public—both of which stand in equal need of it—before the license to practise medicine will depend on the *compulsory* passing of a successful examination before the State Board. As the law stood, nobody ever applied for examination and the degree of M.D. of the University of the State of New York who was in the possession of a diploma from a college in good standing. Such few as volunteered to come forward were men who had previously failed in their college examination, or “practised medicine” without study, knowledge, or any title whatsoever. There being no rules and regulations referring to a minimum of accomplishments or requirements, a

<sup>1</sup> *The Medical Record*, August 6th, 1887.

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few of these were let loose upon the unsuspecting public with a diploma; the majority, however, failed.

When the new Board was appointed in the beginning of this year, its members accepted their positions upon the condition that the Board of Regents would authorize a number of rules and principles which were to regulate the examinations. As such have been approved by the Regents, I am directed by the Board of Examiners to present them to you for your information and, if you deem proper, for publication and comment. We know quite well that, as long as the examination by the State Board is not made *compulsory*, any number of rules and principles will prove their inadequacy and inefficacy again and again. But the present Board hopes that its earnest recognition of the rights and dignity of medical science, art, and practice will be admitted by, and found acceptable to, the profession, and that the latter, after a minimum of requirements for the admission into the ranks of the profession has been officially accepted by the Regents, will feel encouraged to continue its exertions in behalf of both the elevation and the standard of medical education and the protection of the public.

Not one of the recent applicants for a degree has proved successful. One of them had failed in his college examination a few weeks previously, and now threatens to swell the number of graduates of the "university" of a neighboring State. Similar occurrences are not rare at all. Candidates failing in one college will obtain their degrees from other colleges in the same or other States. Will not that suggest the necessity, instead of a "State Board," of a United States Board of Examination?

Very respectfully,

A. JACOBI, M. D.

110 WEST 34TH STREET,  
NEW YORK, July 25th, 1887.

### STATE BOARD OF MEDICAL EXAMINERS

The members of the State Board of Medical Examiners accept their positions with this understanding:

A candidate for the degree of Doctor of Medicine, to

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be given by the Board of Regents, either desires an additional degree after he has received a diploma from a chartered medical college, or he has no diploma from any chartered medical college and desires or prefers one from the Board of Regents. The degree given by the Board of Regents is to be, or become, an honorable distinction. It must be the object of the law to protect the people and to ennoble the medical profession, and not to facilitate the entrance into it of persons unfit or unqualified. The profession does not require large numbers, but does insist upon an elevated standard. Therefore, the examination must be strict, and must be conducted to the following rules:

1. The examinations before this Board shall be conducted in the English language exclusively.

2. The candidate shall be allowed two and a half hours for each examination. The examination shall be in writing. The candidate must not consult books, extracts, notes, or persons, and must not communicate with any one during the two and a half hours allotted to him. To do so is to be considered a failure to pass.

3. The examination in clinical medicine and in clinical surgery shall consist in the actual examination of patients by the candidate, and a discussion in regard to the diagnosis, prognosis, and treatment of the cases.

4. The examination in chemistry shall include the actual testing of a specimen of urine, in regard to its reaction, specific gravity, and the presence or absence of albumin and sugar.

5. Each examiner shall have the privilege, if he so desire, of supplementing his written examination by an oral one, in the presence of two other members of the Examining Board.

6. The scale of marks shall be from zero to ten; ten being perfection, and anything below six being a failure to pass the examination.

7. The questions and answers, with their marks, shall remain in the possession of the Board of Regents, and shall be open to inspection.

8. When the candidate will have completed all his ex-

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aminations the Board of Examiners shall meet and hear the result of the examination in each branch. And within ten days thereafter each member of the Board shall make a written report as to the merits and acquirements of the candidate; being guided in this report, not alone by the result of the examination in his particular branch, but also by the result of the examinations in the other branches. And each member of the Board shall send his report, together with the questions and their answers and their marks in his branch, to the secretary of the Board of Examiners, to be by him transmitted to the secretary of the Board of Regents.

And, furthermore, it is the opinion of the Board of Examiners that, in order to receive the degree of Doctor of Medicine, the candidate should successfully pass in every branch, or at least in every branch but one.

### STATE BOARD OF MEDICAL EXAMINERS

ABRAHAM JACOBI, M.D., President, Examiner in Pathology.

ALBERT VANDER VEER, M.D., Vice-President, Examiner in Surgery and in Clinical Surgery.

HENRY HUN, M.D., Secretary, Examiner in Clinical Medicine and in Materia Medica and Therapeutics.

JAMES P. BOYD, M.D., Examiner in Obstetrics.

FRANKLIN TOWNSEND, M.D., Examiner in Physiology.

SAMUEL R. MORROW, M.D., Examiner in Anatomy.

WILLIAM HAILES, JR., M.D., Examiner in Histology.

WILLIS G. TUCKER, M.D., Examiner in Chemistry.

## RESOLUTIONS

PASSED BY THE NEW YORK ACADEMY OF MEDICINE IN  
REFERENCE TO THE TENTH INTERNATIONAL  
MEDICAL CONGRESS, INTENDED TO BE HELD  
IN WASHINGTON IN 1887

WHEREAS, A Committee was appointed by the American Medical Association in its session of 1884 to invite, *on behalf of the medical profession of the United States*, the International Medical Congress, then assembled in Copenhagen, to hold its next meeting, in 1887, in Washington; and

*Whereas*, That Committee was authorized at the time of its appointment, in case of the acceptance of that invitation by the International Medical Congress, to enlarge its numbers and make all proper preparations for the Congress; and

*Whereas*, The International Medical Congress accepted the invitation tendered on behalf of the medical profession of the United States, and recognized the Committee of invitation as its own Congressional Committee; and

*Whereas*, The International Medical Congress is, and always has been, a scientific body, never called or controlled by any medical society, association, or school, and not swayed or divided by ethical questions or local politics, but assembling solely for scientific purposes; and

*Whereas*, The original Committee of invitation enlarged its numbers, according to the authority conveyed in its appointment and confirmed by the International Medical Congress, completed its organization, and made full and mainly satisfactory preparations for the next meeting to be held in Washington; and

*Whereas*, The American Medical Association in its session held in New Orleans in April, 1885, usurped the powers of the Organizing Committee of the International

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Medical Congress, insisted upon none but members of the Association, or societies in affiliation therewith, to be admissible as officers or members of the Congress, and thus carried local politics into a purely scientific international body; and

*Whereas*, The new Committee appointed by the American Medical Association in New Orleans carried out the resolutions passed in New Orleans, and were compelled by the universal opposition of the profession of the United States to its usurpation only to consent to the admission to mere membership in the Congress those who were not affiliated with the American Medical Association, displacing from posts of trust and honor all those who do not belong to its number or hold certain ethical opinions not entirely sanctioned by it; therefore be it

*Resolved*, That the New York Academy of Medicine expresses its appreciation and thanks to the large number of distinguished men of Philadelphia, Boston, Baltimore, Washington, Cincinnati, Louisville, St. Louis, Chicago, New York and other places, who decline to sanction this usurpation by participating in the Congress, or holding office, under a Committee appointed for the purpose of dragging, in the mistaken interest of the American Medical Association, the International Medical Congress into strifes and disputes of a merely local character.

2. *Resolved*, That the New York Academy of Medicine recognizes in the action of those honored men who have made the American name a power in legitimate medicine, the true scientific spirit which has always been that of the International Medical Congress.

3. *Resolved*, That the New York Academy, though its Fellows do not pretend to be unanimous in all questions of medical politics, acknowledges and recognizes the International Congress as a scientific body only, and declines to participate in any international medical assembly of a personal, sectional, or political character.

4. *Resolved*, That any International Medical Congress held on American soil without the co-operation of the great and deserving men who have declined to hold offices or accept membership in the same, under the present manage-

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ment, cannot by any means be representative of American medicine, and will prove an utter failure.

5. *Resolved*, That therefore, under the present circumstances, though feeling deeply the disappointment and humiliation involved in taking this step, but profoundly impressed with its responsibility to the profession of Europe, which knows so well how to bury political or ethical differences on account of the common scientific interests, the New York Academy of Medicine requests the Executive Committee of the International Medical Congress, now in Europe, to postpone the gathering of the International Medical Congress, thus far intended for Washington, until a more propitious time when the whole and undivided profession of the United States shall prepare to receive it, delivered from the spirit of local dissensions, unanimous and harmonious.

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### OF THE MEDICAL SOCIETY OF THE STATE OF NEW YORK REFERRING TO THE STATE CARE OF THE INSANE

The Committee of the Medical Society of the State of New York, to whom was committed that portion of the President's opening address relating to the treatment of the insane, would respectfully report:

1. That until comparatively recent times the insane were considered and treated as criminals and confined in dungeons or prisons.

2. Their subsequent retention in poor-houses was but a remnant and mitigation of the old system.

3. The treatment of the insane has improved with the progress of civilization.

4. Therefore special hospitals were supplied for them, and their welfare was entrusted to scientific and humane experts.

5. To return to anything like the old system of treating the insane in poor-houses or relegating them to the custody of county officials would be a grave mistake.

As early as 1855, at a meeting of the county superintendents of the poor, held at Utica, the following, among other resolutions, was passed:

## DR. JACOBI'S WORKS

*"Resolved, That no insane person should be treated or in any way taken care of in any county poor or almshouse, or other receptacles provided for, and in which paupers are maintained and supported"* ("Fifty-fifth Annual Report, State Asylum at Utica").

6. For the proper classification and treatment of the insane more means are required than for the patients of general or even other special hospitals. Institutions for the insane therefore demand medical experts as superintendents, nurses trained in the general care of the sick, and then in the special care of the insane, schools for the physical and intellectual training of the insane, for the practice of outdoor and indoor industries, and many other appliances.

7. The Medical Society of the State of New York expresses, therefore, its objections to any plan or law which in any way looks to the return of the insane to the county poor-house, as being unscientific and inhumane, and expresses its conviction that those institutions which, like the State Asylum, have Boards of Managers accountable to the State Government and also to the public, are best adapted for the care of the insane poor of the State.

All of which is respectfully submitted.

A. JACOBI,  
C. R. AGNEW.

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## OF THE NEW YORK ACADEMY OF MEDICINE

*"Resolved, That the New York Academy of Medicine heartily indorses the action of the managers of the State Charities Aid Association, having in charge the bill pending for the better accommodation of pauper lunatics in this State, and recommends it to the favorable consideration of the Legislature of the State of New York."*

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The New York Academy having been informed of a special bill, passed February 21st last, authorizing Madison County to withdraw its indigent insane from the State Insane Hospitals, and to care for them in a so-called

## RESOLUTIONS

county asylum—poor-house—cannot but deplore this step taken by the Assembly of the State.

As medical men the Fellows of the Academy object to the principle embodied in the bill alluded to. The insane require more care, attendance, and special knowledge than they can find in a small community or in connection with poor-houses. The attendance on them and their cure require more than the means and the scientific opportunities of a small community can afford to furnish, no matter how good the intentions and how high the intellectual standing and humane instincts of the present authorities of Madison County.

The New York Academy of Medicine, the Neurological Society, the Medical Society of the County of New York, the Medical Society of the State of New York, in their meetings of 1888 and 1889, have therefore expressed their approval of the bill prepared by the State Charities Aid Association, which is now before both houses of the State Legislature. That bill provides that the indigent insane shall be cared for in State institutions, such care being the only one which can effectually lead to the fulfilment of the requirements of both science and humanity.

Therefore the New York Academy of Medicine begs to protest against the special bill (exempting Madison County from the general laws of the State) becoming a law of the land, and again recommends the bill introduced into the Legislature, on behalf of the State Charities Aid Association, to every well-meaning and humane legislator, and calls upon the medical profession of the State to enlist the sympathies of the people in favor of the indigent insane, and resolves to offer the opinions here stated to the consideration of the Legislature by a committee appointed for the purpose.

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### RESOLUTION IN FAVOR OF LIBRARY AND MUSEUM

*Whereas*, A bill has been introduced in the House of Representatives providing for the erection of a building to contain the records of the library and museum of the Medical Department, United States Army, as follows:

## DR. JACOBI'S WORKS

"Be it enacted by the Senate and House of Representatives of the United States of America, in Congress assembled, that a brick and metal fire-proof building, to be used for the safe-keeping of the records, library, and museum of the Surgeon-General's Office of the United States Army, is hereby authorized to be constructed upon the Government reservation in the city of Washington, in the vicinity of the National Museum and the Smithsonian Institution, on a site to be selected by a commission composed of the architect of the Capitol, the secretary of the Smithsonian Institution, and the officers in charge of the State, War, and Navy Department building, and in accordance with plans and specifications submitted by the Surgeon-General of the Army, and approved by said commission, the cost of the building, when completed, not to exceed the sum of two hundred thousand dollars; the building to be erected and the money expended under the direction and superintendence of the officer in charge of the State, War, and Navy Department building." Be it

*Resolved*, That the Medical Society of the State of New York indorses the efforts made for the purpose of preserving the records, library, and museum of the Surgeon-General's Office of the United States Army, for the following reasons:

The library and museum owe their existence to the exercise of untiring energy and a large expenditure of money. Both contain a great number of objects which, should they be destroyed by fire, could not be replaced at all. They are an embodiment of an important part of the history of the United States, inasmuch as they owe their origin to the physical and intellectual powers developed and exercised in times of great necessity and peril, and they are also the proof of American love of useful scientific work. The museum possesses unique specimens, the loss of which would be irreparable. The library is by far the most complete and useful collection of medical journals in the world. Both of them, and the publications emanating from them, are admired and applauded wherever scientific work and investigation are appreciated.

## RESOLUTIONS

Both of them are the pride of the American medical profession, and have constantly proved instruments for scientific progress. To allow them to be constantly exposed to be destroyed by fire is a suicidal policy on the part of a commonwealth whose aim and effort it has always been to rank as the equal of any nation fond of science and proud of intellectual evolution. Be it further

*Resolved*, That while the preservation of the existing treasures is proclaimed an absolute necessity, the increase of medical literature, based upon the constant mental, clinical, and experimental labors of thousands of industrious men, is such that the library of the Surgeon-General's Office cannot do without constant additional purchases. That library, in order to maintain its high position amongst the collections of the world and to fulfil its mission entered upon not twenty years ago, must be supplied with every medical book and journal written in any language and printed in any land. Be it further

*Resolved*, That the impetus given to literary work in the United States, and the great facilities afforded and promised to medical literature, by the publication of the subject catalogue of the library of the Surgeon-General's Office—of which four volumes have thus far been published—require that this great American work should be completed in the shortest possible time. Be it further

*Resolved*, That the Medical Society of the State of New York petition Congress not only to pass the bill providing for the erection of a building to contain the records, library, and museum of the Medical Department, United States Army, but also to grant the appropriations necessary for the two objects specified—viz., first, the purchase of every medical publication that shall appear in the future; and, second, the speedy publication of the remaining volumes of the subject catalogue of the medical library of the Surgeon-General's Office.

*Resolved*, That the individual members of the Medical Society of the State of New York consider it their duty to convince the people at large, and particularly the individual members of Congress, of the importance of the appropriations asked for, of their usefulness and indis-

## DR. JACOBI'S WORKS

pensability, of their smallness compared with their effect, of their urgent necessity in the interest of medical science, of the intimate connection of the progress of medical science with the welfare and happiness of the people, and of the hitherto diminutive proportions of the appropriations, by Congress, for intellectual improvement, compared with the vast amounts of money annually expended on wars, past and present, on harbors and other internal improvements, and the administration of the political government.

## BOOK REVIEWS

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### THE BADEN STRUGGLE<sup>1</sup>

WHILE claiming no unusual merit as a history of one of the most important periods of the development of Germany, this little book is a fair chronicle of the time it undertakes to describe. The first chapter is of particular interest to those who wish to inform themselves briefly of the conditions prevailing in Germany, particularly in its southwestern part, from the era of the Napoleonic invasion to the revolutionary movement of 1848. The author justly credits Napoleon with the introduction into Germany of many blessings conveyed by the great French upheaval. Bavaria and Baden were even given constitutional government in 1818, and all along the Rhine the Napoleonic code of criminal and civil law was in force as late as 1870. A certain amount of freedom was enjoyed by the press, until the "German alliance" (Bund) formed before the battle of Waterloo suppressed it, as well as trial by jury, as early as 1819.

After the assassination of Kotzebue by Sand, a student of Jena, the universities became the objects of persecution, and the first light in the darkness of political life had to wait until the French July revolution of 1830. It was then that the hopes of the South German Liberals were again revived, even to such an extent that many, not satisfied with the insufficiencies of a constitutional monarchy, pleaded the need of a republican form of government. Our author omits to mention the first demonstration in favor of German unity under a republican form of govern-

<sup>1</sup> THE GERMAN REVOLUTION OF 1849. Being an Account of the Final Struggle in Baden for the Maintenance of Germany's First National Representative Government. By Charles W. Dahlinger. Pp. 287. New York: G. P. Putnam's Sons.

## DR. JACOBI'S WORKS

ment which was made May 27, 1832, at the "Hambach festival." It owed its celebration to the discontent of the population of the "Pfalz," the transrhenean province of Bavaria, with Bavarian rule, and to its attachment to French customs and laws as introduced by the great French Revolution. Twenty thousand people, some Poles and Frenchmen included, listened to addresses delivered in favor of a republic of Poland and against princes and princelings. Though there were no disorders, the manifestation of anti-royal opinions and the enmity of the merely constitutional liberalism of Rotteck and others sufficed to result in the governmental resolutions of June 28, 1832, which crushed out whatever was left of the liberty of the press and the right of meeting. Most of the leaders escaped, some, like Paul Follen, to America. He and a few others were the first in the nineteenth century to look here for a refuge from political persecution. The years which followed 1848 and 1849 were destined to increase their numbers by hundreds of thousands and to add to the population of the United States a new element that was to aid in forming what is to be the future America.

The spirit of opposition ripened into a conference of many liberal men mainly from the southwestern part of Germany a few weeks before the troubles in Munich, which our author, with great inconsistency, calls a "mad spasm," and the Berlin revolution of March 18, 1848. That conference decided to call a preliminary Parliament (Vorparlament) for March 31. It consisted of 500 men and was followed by the first German National Assembly, which held its first session at Frankfort on May 18. There were members of all stations and professions, with a great majority taken from the latter, inclusive of a large number of university professors. Its impossible task was to unite Germany on the adoption of a first principle, a goodly number insisting upon the foundation of a republic, while the great majority favored German unity under an Emperor. The King of Prussia declined to accept that place after a delay of several weeks. This failure was by no means the only one, Austria having executed, as early as November 9, 1848, one of the most consistent and honest

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of the Frankfort parliamentarians, Robert Blum. The fact that twenty-nine of the smaller German governments acknowledged the binding force of the new Constitution counted for nothing in the face of the failure of the revolution in Dresden, which was suppressed by the Prussians, and of the overwhelming forces the Prussians were able to send against the revolution which broke out in the "Pfalz" and in Baden. It is this revolution that Mr. Dahlinger pictures in his diary, for such it is, in the plainest of language, with no attempt at the display of sentiment or of eloquence, and without affording even a clue to the author's political creed. As the literature of the subject is by no means quite small, the motive for writing a new book would have been either a new point of view or the aim of directing the attention of the present German-American generation to the deeds of their fathers, of whom only a very few survive, or of demonstrating to the people of the United States the importance of the emigration driven westward to the development of the agriculture, industries, profession, population, and power of this country, or perhaps of correcting mistakes made by previous historians. All of this is sadly missed.

Is the author correct in his statements? But Wilhelm Löwe, the President of the German Parliament, was not a "lawyer," but a physician, who until 1862, when he could return to Germany, practiced his profession at 463 Broome street and 60 Amity street, New York City. Is he in sympathy with the revolutionary movement without which Germany, in spite of a dozen Bismarcks, would never have been united as it is now? You feel like doubting it, for the "mad spasm" alluded to above, and the absurd assertion that the National Assembly when it was driven out of Frankfort and met at Stuttgart (until June 16, 1849) "became in a few short weeks a farce and laughing stock," also his use of the term "mob," for the people who were scattered in Carlsruhe by organized cavalry (preface VII.) appear to place him among the sneering victors. Altogether the author is not always very happy in the selection of his language. The active revolutionist of Berlin who joined the forces of Pfalz and

## DR. JACOBI'S WORKS

Baden is called "Dr. B. N. Oppenheim, the Jewish journalist," and a man who was taken from his guards and beaten and shot to death in a street of Rastatt by disorderly revolutionary soldiers because he was charged with being a spy, was "a Jew by the name of Weil." It is unfortunate that the crude taste of the author could not be concealed or curbed in writing the history of a strife which in the memories of those who lived at that time, and on the pages of impartial history, must always participate in the glory of combats undertaken in the service of progress and humanity.

After all, however, the book cannot help being interesting, for it contains the tale of an interesting time. When we look back the failure of the revolution seems to be a matter of course. There were the delegates of a people a small part of which only was ever used to a semblance of parliamentary life. They had to make a constitution for thirty millions that had lived under dozens of different governments, under absolutistic rules, with no free press. They succeeded better than could be expected; they finally chose an Emperor who disdainfully declined the empire due to the grace of the people and preferred his kingdom held "by the grace of God." As a reward for their pains he sent his armies and drove them from Frankfurt, Stuttgart, and from the country. The war is well described by our author; day after day is recorded with its doings, its hopes, its discomfitures, its successes, and mistakes; with deeds and talks of enthusiasm and unselfishness, with the tales of heroism, levity, bravery, and cowardice. The latter is never absent from a great movement. The revolutionary forces were composed of parts of a regular army, of militia, of raw volunteers, of "Turner" societies (the latter full of spirit and dash and proud of their organizations, as well they might be in those times so well remembered by the reviewer); there are always unequal efficiency and jealousy, and fear of being betrayed. The leadership might have been more effective if generals and forces had been acquainted with one another. The general was a Pole—Mieroslawski—who arrived from France after the beginning of the opera-

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tions. Franz Sigel displayed his keen insight into the requirements of the case when he proposed the invasion of Württemberg with the view of enlarging the area and the forces of the revolution. He was overruled. But his bravery and his judgment were always manifest. After the lost battle of Ludwigshafen and Mannheim Mieroslawski said in his bulletin: "As long as I have the cool-headed young hero Sigel at my side I shall despair of nothing." There were others, many of whom turned their intellect and bravery to good advantage afterward in the service of the United States, for instance Schimmelpfennig, Osterhaus, Anneke, Hecker, and Blenker.

Among the volunteers there was a small number of young men from the universities, a small number only. The impression that the German universities were filled with large numbers of liberal, enthusiastic, forceful revolutionists is unfortunately a mistake. If the facts had been different the results of the revolution might have been different, and the brutal reaction which followed that "spring of the nations" could not have been so blighting. Among the youthful heroes was one whom our author mentions on Page 223: "The best known among the killed [at Waghäusel] on the Baden side was young G. A. Schloeffel, the twenty-year-old son of F. W. Schloeffel, the member of the National Assembly, who was serving as Civil Commissioner. This boy, whom his enemies called an "honest fanatic," had been sentenced to prison by different Prussian judges for his republican views. Escaping, he had fought for freedom in Hungary. At the outbreak of the trouble in Baden he was at Bruschal and had helped set free Struve, Blind, and others. At Waghäusel he fell while encouraging the troops to take by storm a strong Prussian position." Another of that stamp was "young Captain Mohrhard of the Swiss legion, who held with two companies 3,000 Prussians at bay for two hours at his barricade near the railway station of Ettlingen. Just as he was ordered to retreat he was struck in the head by a bullet, dangerously wounded, and rendered unconscious, and fell into the hands of the Prussians, it being impossible for his men to carry him off."

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Blessed be those who fell in battle. When all was over the "Prince of Prussia" (after 1870 the "Emperor of Germany") entered upon the field to reap his harvest. Among those twenty-eight whom he shot after court-martialing them were many of the brightest minds of the nation. Among the prisoners was Prof. Gottfried Kinkel of the University of Bonn. His delivery out of the state prison of Spandau appeared miraculous to the German people, and has made Carl Schurz the hero of a legend like Blondel or Siegfried.

Altogether Mr. Dahlinger's book should be bought and read for many reasons. A few hours' reading will convey a fair idea of one of the most promising efforts of the German revolutionary spirit. The native American, unless he has a good historical knowledge of many periods, will do well to study that revolutionary movement in order to judge of the character of the hundreds of thousands who were compelled or tempted annually to cross the Atlantic and populate America. The German-American, immigrant himself, or the offspring of immigrants, may well be proud of what was attempted, though at the time only partially accomplished.

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## INFANTILE PATHOLOGY AND THERAPEUTICS<sup>1</sup>

Formerly, it was considered to be a general rule that the viscera should be the cause of the configuration of the surrounding walls. In contradiction to this general belief, Virchow has pointed out, in the past few years, the importance of the tribasilar bone in shaping the brain, and some other facts, as, for instance, dilatation of the urinary bladder resulting from deficient contractility and chronic expansion of the abdominal walls. Intestinal catarrh, and the acute meteorism of hypochondriacs and hysteric women, from the very same cause, will also show

<sup>1</sup>ON THE CONNECTION OF CERTAIN PULMONARY DISEASES WITH PRIMARY ANOMALIES OF THE COSTAL CARTILAGES. By Wilhelm Alexander Freund. With seven plates. (*Der Zusammenhange visser Lungenkrankheiten mit Primären Rippenknorpelanomalien. Mit 7 Tafeln.* Erlangen, 1859.)

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that the walls are, in some single instances, known to have a great influence in forming the contents. Dyspnœa has been observed not only to follow extensive combustion of the skin of the thorax and contracting cicatrices, but to be sometimes the effect of the largeness and weight of the female breasts; some thoracic muscles, when paralyzed, have been known for some time to impede regular respiration, and have, therefore, been the object of local galvanization; curvatures of the vertebral column may give rise to induration of the pulmonary tissue, suffocative catarrh, and have even been said to give immunity from tubercles; and some old authors, as Platerus and Swammerdam, ventured even to think of the influence cartilages might possibly have on the inclosed viscera. For it is true, and fully proved by our author, that healthy respiratory muscles, influenced by powerful nerves, will be powerless whenever their points of insertion, the ribs, are altered in their physical quality and mobility. The costal cartilages, particularly the first, have a great influence on the normal extension and motions of the ribs, and are the principal regulators of the expansion of the lungs and thorax; the latter of which is always, under normal circumstances, perfectly filled by the former.

The result of the author's investigations on the living and dead is this, that many cases of two very common pulmonary diseases have the first origin in a morbid condition of the costal cartilages, viz., 1st, the idiopathic, mostly hereditary, and in the majority of cases chronic tuberculosis, generally found first in the apex of the lungs; and, 2d, the idiopathic emphysema, which is first found, generally, on the anterior superior margins of the lungs, is commonly observed to come on slowly and progress gradually, and is known to be sometimes hereditary. The morbid condition of the costal cartilages alluded to is their abnormal shortness, produced by premature ossification, which is sometimes a *vitium primæ, conformationis*, and has been observed even during fœtal life, but more generally an anomaly in the development of the infantile age, and is very apt, like other qualities and anomalies of the os-

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seous system, to be propagated by inheritance. As well in the commencement as in the later stages of pulmonary tuberculosis, in cases having their seat first in the apex of the lungs, Dr. F. has found the first costal cartilage to be badly developed, particularly as to length, so much so, that its length was reduced to 2 centim. 2 mill., while the normal measures are the following:

Length of first costal cartilage in male, 3c. 8m.; female, 3c. 1m.			
"	second	"	4c. 3m. " 3c. 9m.
"	third	"	4c. 9m. " 4c. 6m.
"	fourth	"	5c. 3m. " 5c. 1m.
"	fifth	"	6c. 3m. " 5c. 9m.
"	sixth	"	8c. 2m. " 8c. 2m.
"	seventh	"	12c. 2m. " 12c. 2m.

We add at once, that deficient development of the second and third costal cartilages has fully the same influence as abnormal shortness of the first on the function of the thorax. It is their shortness principally that produces the *habitus phthisicus* of authors. According to the seat of premature ossification of the costal cartilages, Dr. F. makes the following distinctions: 1. Primary symmetric stenosis of the superior part of the thorax; 2. Primary asymmetric stenosis of the superior part of the thorax; 3. Primary stenosis of the middle part of the thorax; 4. Immobility and loss of function of the superior part of the thorax, by exterior ossification of the first costal cartilage, which has, besides, been shortened before. This process is observed in the first cartilage only, begins in its superior anterior part, and progresses to its posterior side, and thus enveloping the normal cartilage with an osseous covering, impedes mobility and torsion. This latter anomaly has been taken to be the result of the inflammatory processes inside the thoracic cavity. But such is not the case, as it always begins in front of the cartilage, is observed where no pleurisy has ever been met with, and a long time before any symptom of tubercles can be discovered; the *habitus phthisicus* and deficient capacity of the lungs preceding the deposition of tubercles and the development of

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phthisis for many years. Shortening of the second and third cartilages is most unfavorable; the superior part of the thorax undergoing its fullest and most rapid development after the years of puberty, and the general development suffering largely from any disproportion, tuberculosis is most frequent between sixteen and thirty years of age. Inspection, palpation, and mensuration will prove sufficient to make a correct diagnosis of the said anomaly; the akidopeirastic method of A. Th. Middeldorpff (examination by means of a quickly introduced needle to learn the general condition as to hardness, etc.) will, as it is easy to be applied, support those named before. Our author has examined eleven cases in which tuberculosis was cured. There were cicatrices in the apex, and other signs of former inflammations, and calcareous tubercles, while the remaining tissue was either normal or emphysematous. The cure was effected by spontaneous formation of a false joint in the junction of the first costal cartilage and the manubrium sterni; by the rupture of the firm ligaments mobility being increased, respiration easier, and oxygenization of the blood improved. Wherever perichondritis of the first cartilage is observed, it requires the utmost care, like pulmonary congestion itself. Leeches, mercury, iodine, proper diet and posture, and absolute quiet are indicated in order to prevent osseous deposits. (Older authors recommend, in many cases of tubercular phthisis, issues on the arms, and even the application of the actual cautery.) Appropriate gymnastic exercise, strengthening of the respiratory muscles by local Faradization, with particular care not to increase congestion, omission of any kind of stimulant nutriments, etc., etc., are necessary. Resection of ribs and costal cartilages has been performed many times for surgical purposes; but it is uncertain whether the first costal cartilage could be safely separated from the sternum, the more so, as all the operations alluded to give rise to pleuritic exudations.

The idiopathic pulmonary emphysema is the result of other pathological changes of the costal cartilages. From about the sixteenth year up to old age, sometimes in ap-

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parently healthy, sometimes in decrepit individuals, all the costal cartilages show a dirty yellow color, and became looser in their structure. This rarefaction of the cartilaginous tissue is combined with increased size of the cartilage. The last effect of this alteration is well described by the author as a "partially progressive" and a "general immovable dilatation of the thorax." Emphysema is the real consequence of the lungs being closely adjoining the dilated thorax. At the same time, the triangular muscle, by its attempts to effect the expiratory movements of the thorax, is immensely increased in size. These latter changes may be found in early life, and thus emphysema is apt to be also a hereditary disease.

## MISCELLANEOUS LETTERS

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### LETTER TO ONE OF THE MANAGERS OF ST. MARGARET'S HOUSE

My visit to your St. Margaret's House is among my dearest and most impressive recollections. Of more than fifty babies and very young infants, reared on artificial foods, with the exception of those whose deaths had nothing to do with their feeding and were unavoidable from birth, not one died in more than six months; indeed, not one was ever sick. It did me good to see so many little ones smiling at the strange visitor, and I envied your city for having accomplished what is generally considered impossible. For it is a fact that it is extremely difficult to raise the children of the poor on artificial food and particularly in public institutions. Pains-taking care in housing, nursing, preparing the food and establishing regular habits has performed wonders. Your contributors must feel amply paid for their good-will and generosity by paying an occasional call on their protected waifs whose lives they save and whose health they preserve, and by the example they give and the practical instruction they furnish, both to the community and the medical profession. Such a result is a wondrous gratification to beneficent people, not to speak of the blessing conferred upon the community at large, by averting invalidism and by raising healthy and able men and women. It is the first few years of life that are the mankind of the adult.

I imagine the happy results obtained in your institution will tempt your co-operation to enlarge it in order to widen its usefulness. May I be permitted to say that no such institution must be crowded. Two or three small ones, such as you have, will do much better than a single large

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one, and I imagine your lady friends will be grateful for opportunities to save the helpless little ones.

Very respectfully yours,

(Signed) A. JACOBI.

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## LETTER DURING THE HUGHES CAMPAIGN

NEW YORK, October 29, 1908.

DEAR DOCTOR:

A FEW days ago a newspaper sent to me a representative who was to inquire whether I and other physicians of the State of New York would vote against Governor Hughes on account of his approval of the Osteopathy and the Optometry bills. The question was the result of some letters, signed by doctors, which had appeared in some newspapers and were to warn us against re-electing Governor Hughes. My reply was that though Governor Hughes' approval of those bills was a grave mistake, the average doctor was, like myself, too good a citizen to be guided in his vote of November 3rd by Mr. Hughes' insufficient knowledge on two subjects of importance to the medical profession, but vastly more so to the community at large.

I have often asked others and myself whether momentous errors like those of Mr. Hughes, and of legislators, and of citizens at large, and of newspapers could not be prevented by us, the members of the profession; are indeed not tolerated by us. This much is certain that whenever measures dangerous to public hygiene and health are presented to the legislators, the vicious element is well,—too well,—represented by numbers, oratory, attorneys and what not, while the interests of the profession and of the public are left in charge of a few public-spirited practitioners only. That is wrong. Neither a legislator nor a Governor should have to wait for the haphazard information cropping out during a hearing before a committee of the legislature.

To my mind the election of Mr. Hughes is not a polit-

## MISCELLANEOUS LETTERS

ical or sectional or partisan question. These nearly forty years I have neither been a "democrat" nor a "republican." I take it that most of my colleagues all over the state are independent men,—mugwumps,—like myself. I feel sure also that the State of New York never had a Governor who was more guided by principle, and more fearless and consistent, looking (not always finding it—whoever did?) for the right, imperturbable and incorruptible, like Cleveland and—Hughes. What I know is that he meant to do well the past two years. What I feel certain of is that no other Osteopathy or Optometry bill, or *id genus omne*, will be passed by him again. He is of those who know how to learn. If he were an angel I should be afraid to vote for him; he is only a man, a real man, just good enough for the State of New York.

Very sincerely yours,

A. JACOBI, M.D.

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## SNAKES IN IRELAND

BOLTON LANDING, LAKE GEORGE, N. Y., July 26, 1908.

*To the Editors:*

I take the liberty of quoting from the editorial on the Persistence of Error, published in yesterday's issue of your *Journal*, the following: "Niels Horrobow opens a chapter on the Snakes in Iceland by the phrase 'There are no snakes in Iceland.' Some careless borrower made the quotation read 'Ireland,' and nothing less than a Papal bull would now correct the popular error."

Now, I do not confess to be particularly Papal, nor am I in a position to fire bulls at anybody or against any error. But it seems there may be some reason beyond a misquotation which explains the connection between Ireland and the "absence of snakes" in that island. Baeda Venerabilis (673-735) issued in 731 *The Ecclesiastical History of the English Nation*, the first printed edition of which was published in Strassburg in 1473. From its first chapter I quote literally what follows in connection

## DR. JACOBI'S WORKS

with the remarks on Ireland: "*No reptiles are found there, and no snake can live there*; for, though often carried thither out of Britain, as soon as the ship comes near the shore, and the scent of the air reaches them, they die."

The venerable bishop adds this: "On the contrary, almost all things in the island are good against poison. In short, we have known that when some persons were bitten by serpents, the scrapings of leaves of books that were brought out of Ireland, being put into water, and given them to drink have immediately expelled the spreading poison, and assuaged the swelling."

The books of the twentieth century are not famous for a similar beneficial result. Their efficiency may demonstrate itself in an inverse ratio to their numbers.

A. JACOBI.

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TITLES OF BOOKS AND ARTICLES BY DR. JACOBI  
WHICH DO NOT APPEAR IN THESE "COLLEC-  
TANEA." ALSO TITLES OF HIS BOOKS AND  
ARTICLES THAT HAVE BEEN TRANS-  
LATED INTO FOREIGN LANGUAGES.

Cogitationes de vita rerum naturalium.

Dissertatio Inauguralis, Bonnæ, 1851.

Memoiren aus preussischen Gefängnissen.

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